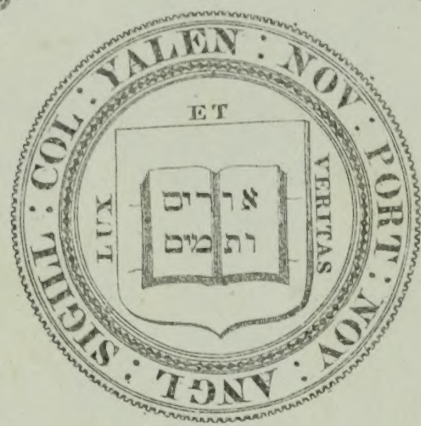


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TWENTY-SIX WEEKLY NUMBERS. — FEB'Y, 1848, TO AUGUST, 1848.

THE
BOSTON
MEDICAL AND SURGICAL
JOURNAL.

EDITED BY J. V. C. SMITH, M.D.

VOLUME XXXVIII.

Boston:
DAVID CLAPP, PROPRIETOR AND PUBLISHER.

CORNER OF WASHINGTON AND FRANKLIN STREETS.

1848.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, FEBRUARY 2, 1848.

No. 1.

ON ETHERIZATION IN LABOR.

BY C. G. PUTNAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 519, vol. xxxvii.]

THE paramount question in regard to etherization is its safety. We are not justified in introducing so disturbing an element into a natural, and for the most part healthy process, unless it is unquestionably safe to mother and child.

Within my own observation there has not occurred any serious accident, immediate or remote, that could be attributed to the use of ether. This point may be illustrated by a reference to some of the cases cited.

According to Dr. Churchill's estimate, the mortality of the children, in breech presentations, after making allowance for causes which may have influenced the result, is 1 in $3\frac{1}{3}$. In forceps cases, it is 1 in every 4 or 5. In cases of turning, the mortality of the mothers is 1 in 15—of the children, rather less than 1 in 3. Among the cases which I have related, one of the children was delivered by turning, three by the forceps, and one was a breech presentation. In these five cases the mothers and children did well. This may have been accidental; but I think it may be fairly argued, that the effect of ether was not prejudicial. Had it been so, it would have been manifest in cases, all of which were in their nature hazardous, and in one of which the chances of life and death were very nearly equal.

But, although safe, it is not free from objections that render its indiscriminate use inexpedient. The excitation, for example, that usually is expended in trivial nervous sensations, will sometimes declare itself in positive convulsion, and the cerebral symptoms which usually disappear in a few hours may last for many days. I have not met with these or any formidable symptoms, nor do I believe them to be common; but we know that they sometimes occur. The idiosyncrasy that gives rise to them can be readily detected, and if we wish to satisfy ourselves of its existence in any particular case, we have only to institute a preparatory trial.

The effect upon the sensations was various. In nearly all, the first feeling was that of giddiness and loss of power in the extremities. One complained of faintness, and "indescribable confusion in the head,"

but preferred to endure it rather than the unmitigated pains of labor. In one, only, there ensued unnatural irritability, with very little diminution of pain. Where entire loss of consciousness was produced, it was most commonly preceded by exhilaration and diminished sensibility; but some without precursory excitement fell into a gentle sleep. In some there was an agreeable exhilaration. In this class of cases, etherization caused not an insensibility, but rather an indifference to pain, while at the same time it did not apparently disturb the mechanism of labor. The patient was conscious that the labor was progressing, and that pain was present, but deprived of its sting.

In all ordinary cases this may be considered the most desirable condition, and there are various gradations from this to the state of profound unconsciousness. The different degrees of insensibility, from their nature, cannot be exactly defined.

As to the amount necessary to be administered, there is no criterion but the effect in the individual case, and the object we have to attain. If the patient is readily susceptible, a few deep inspirations will be sufficient to induce the exhilaration which, perhaps, will be all that is desired; but if, instead of a dreamy semi-consciousness, there should ensue disagreeable excitement, the inhalation may be prolonged until quiet is attained. In one of the cases related, this course was pursued, and the repose was as profound as the agitation had been violent. In one case the posture of the patient regulated the amount quite accurately. She was lying on her right side, and holding the sponge with the right hand. On the first premonition of pain, she applied it herself, until approaching insensibility caused her hand to drop.

I have administered it in the very first period of labor. It may promote the dilatation of the os uteri, and it tends to dissipate the despondency and irritability which often attends it. In the expulsive stage, especially in primiparæ, I have found it expedient to suspend the inhalation for one or more pains, in order that the voluntary muscles might be brought into unlimited action. Towards the close of the labor, when the expulsive action is well established, and more especially when the head is about to pass the perineum, I have given it without reserve.

Fears have been expressed that ether would endanger the well-being of the child and the convalescence of the mother—that it would cause imperfect contraction of the uterus, whereby the process of labor would be delayed, and the risk of subsequent hemorrhage incurred.

I have several times examined the foetal heart during labor, and have detected nothing unusual; and though the breath has sometimes smelt strongly of ether, no ill consequences have followed. The same is true of the convalescence of the mother. Indeed, if any measure had been adopted expressly for the purpose of promoting convalescence, the result would have been considered successful.

In three cases there was hemorrhage after delivery. The first was after a lingering labor, which was terminated by the forceps. The second after a tedious breech presentation—the patient being at the time

in feeble health. The subject of the third case had hemorrhage after the birth of her two first children, and I had taken the precaution, on three subsequent deliveries, to give ergot just before the child was born. It caused her, however, considerable pain, and the last time I omitted it. She did well—and trusting to that, I omitted it on this occasion. The result was not so fortunate. I think it will not be doubted that the causes of the hemorrhage were to be found in the nature of the cases—and were independent of ether. With these exceptions the contraction of the uterus was, in all cases, immediate and thorough.

The remaining point to be noticed is the effect of ether on the duration of the labor. Other things being equal, that is the most perfect labor in which there is the most perfect correspondence between the efforts on the one hand and the resistance on the other. The powers of both parts of this process are impaired by etherization, and the question arises how nearly the due proportions are preserved. When we abstract from one side a certain amount of expulsive force, do we restore the balance by a proportionate diminution of resistance. The effects of etherization vary according to the idiosyncrasy of the subject and the degree to which it is carried. In one of the cases related, there was no perceptible loss of expulsive power; but this is rare. Again, many facts prove, and among others, the well known case of Levret, that the uterus possesses inherent independent power. The aid that is given—the sort of fulcrum that is supplied by the diaphragm and abdominal muscles, is not essential to its effective action. I am convinced, nevertheless, that more time is lost, when even these subsidiary muscles are paralyzed, than is gained by the relaxation and diminished resistance. But not only are the voluntary efforts impaired, but the action of the uterus itself is at times overpowered, and the process of parturition suspended.

There are conditions, however, in which the positive unequivocal advantages of ether far outweigh any temporary evils: in which it is not merely yielded to the patient's comfort, but demanded by her necessities. The muscular action may be inordinate, wasting the strength without advancing the labor—inflicting injurious pressure upon the soft parts, and thereby compromising the safety of mother and child. These, besides various mental disturbances, are materially controlled and relieved by the use of ether. Above all, in obstetric operations, the patient is saved much suffering. Apart from the prostration and other immediate and remote evils consequent upon the use of antimony, opium and venesection, which, to be effective, must be full, they often fail to produce the desired relaxation and repose. If the cases related should not prove to be exceptions, we have in ether a most valuable auxiliary. Any one who has encountered the resistance and benumbing pressure of the uterus in a case of difficult turning, will feel that it was here pre-eminently useful. Under the particular combination of circumstances the operation might have been difficult and dangerous, if not impossible, unless by means of an unjustifiable degree of force. In no case is violence more to be deprecated.

Erratum.—On page 516, 7th line from bottom, for “without,” read *with*.

CLINICAL RECORDS AND POST-MORTEM ILLUSTRATIONS OF
TYPHUS OR SHIP FEVER.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 516, vol. xxxvii.]

CASE V.—Cath. Gaffney, aged 18, landed from ship St. Petersburg, in quarantine, January 7, 1848. January 20th, was admitted to Hospital on Deer Island, about the 8th or 9th day of the fever—a well-marked case of ship typhus. About 30 hours before death, symptoms of jaundice appeared, though not then in a very marked degree. There was the yellow conjunctivæ and general discoloration of the surface, with the customary deep color of urine and light stools.

This patient had no delirium.

Autopsy, 16 hours after Death.—Exterior: subject well developed, no emaciation. Muscles large and firm, of good color—much rigidity. Petechial spots on chest, shoulders, and loins, same as in life. Posterior portion of body shows a considerable number of livid patches—superficial, apparently in rete of skin. Chest well formed, and resonant on percussion. Abdomen moderately full and soft, without tympanitis. Surface of shoulders, neck, and face, tinged with yellow.

Head.—A few points of dark blood on external aspect of dura mater. Longitudinal and lateral sinuses filled with black, fluid blood—arteries empty—the membrane itself normal; arachnoid transparent, and of usual thickness, with no effusion in its cavity. Pia mater natural; veins between convolutions distinct, moderately full and dark. No adhesion of membranes to each other, or to substance of brain. Surface of cerebrum slightly reddened generally. Cortical substance firm and of natural color. Medullary substance also normal in consistence and hue; its section presents only the usual minute dots of blood. Lateral ventricles contain their normal quantity of serum. Cerebellum natural. Base of brain natural. No unusual effusion in sub-arachnoid space. Medulla oblongata and commencement of spinal cord present nothing remarkable.

Neck.—Lining membrane of trachea is slightly reddened and covered with a thin reddish mucus—œsophagus normal.

Thorax.—Pericardium contains an ounce of thin, reddish serum; no adhesions to its contained organ. Heart of natural size; its walls of usual thickness and consistence; no reddening of its lining membrane; valves normal; a small quantity of coagulated lymph in left ventricle, coated with black, tenacious blood. A medium quantity of greenish yellow coagula in right ventricle. The blood contained in the cavities of the heart and in the aorta is unusually fluid and sily; its clot, when found, loose, easily broken down; the walls of large vessels smooth and shining, as though moistened by a fluid consisting of water and oil. No effusion into cavity of pleura. Lungs natural on anterior aspect, of grayish white color; crepitating on pressure. Right lung considerably engorged in lower and posterior portions of middle and inferior lobes.

Left lung less congested than the other—crepitates in every part, with the exception of a portion of its apex to the extent of one or two inches, which is impermeable to air; no trace of tubercles discernible. Smaller bronchi filled with frothy mucus. Mucous membrane of large bronchi somewhat stained, but natural in consistence.

Abdomen.—A layer of fat, one half inch in thickness, beneath the skin. Omentum loaded with fat. Liver $\frac{1}{3}$ larger than usual. Color, externally and internally, and consistence, good—vessels gorged with dark, dissolved blood. No disorganization of structure in any part. Gall-bladder of moderate size, filled with greenish yellow, watery fluid. Spleen of natural color externally; five to six inches in length by three and a half in breadth; not softened; its contents dark and grumous. Pancreas normal. Stomach normal externally—contains a couple of ounces of thin straw-colored fluid. Around cardiac orifice, to the extent of about three inches, the internal surface is studded with minute red dots, the membrane being here somewhat softened—as also along greater curve for two thirds of its extent. Pyloric third natural in color and consistence, the mucous membrane peeling off in strips of seven or eight lines in length.

Intestines, externally present slight discoloration along whole course of duodenum, some portions of jejunum and lower half of ileum, more in colon. Mesenteric veins dark, distinct and somewhat congested. Both small and large intestines nearly empty, containing only a grayish pultaceous fluid, adherent to their walls. Mucous membrane of duodenum reddened, with some thickening and softening. In the upper third of jejunum there is slight general congestion, but no manifest alteration of texture. Lower half of ileum slightly but uniformly engorged. Peyer's patches in half a dozen instances distinctly visible, with, in one or two instances, a little softening of mucous membrane, which softening also extends to adjacent surface. Colon contains no true faecal matter—its mucous membrane healthy. Brunner's and isolated follicles not developed. Kidneys natural. Mesenteric glands firm and small, none exceeding a pea in size. Uterus and bladder normal.

Observations.—This case presents nothing remarkable, if we except the jaundice which made its appearance a short time before death—a complication occasionally observed, and which has generally proved untoward. Death took place at an earlier period than usual. The autopsy harmonized with those previously made, with the exception of the enlarged liver and spleen, which have not usually been noticed.

CASE VI.—John McLaughlin, 23 years of age, landed from ship Washington in Quarantine on the 15th of Dec. last. On the 29th of same month was admitted to the Deer Island Hospital, being then in the first stage of the fever. Had, at time of admission, the usual preliminary symptoms of typhus. Dec. 30th, complained of headache, with pains in back, limbs and loins, and general soreness of muscles, well characterized by the bruised feeling before mentioned—hot and dry skin, dusky hue of face and surface generally, universal sensitiveness of body, and an eruption of florid maculae appearing on shoulders, chest and abdomen.

On the 5th day from admission all the above symptoms were aggravated. Spots petechial and cover whole body except face, hands and feet—pulse 112, weak, feeble, compressible—a strong, offensive and peculiar odor exhales from whole surface. On the 7th day pulse 120 and scarcely perceptible—prostration very great. The pulse came down to 112 again on the 9th day, still feeble and compressible. On the 13th pulse was 100 and a little stronger—general appearance improved. This improvement was of short duration, the preceding conditions returning on the following day.

These symptoms of prostration and general depression of the vital energy increased throughout the remaining term of the disease, there being no particular determination of its force to any part. There was, throughout, a dull headache, injected conjunctivæ, and a tendency to delirium at night; but the cerebral symptoms were at no time very decided. There was some cough, accompanied with slight bronchial mucous râle, and dullness on percussion at posterior and inferior portions of the chest. The abdomen was throughout free from pain and tympanitis. A tendency to constipation was constant. The patient died on the 22d January, being the 29th day from the accession of fever.

Autopsy, 64 hours after Death.—Subject is of medium size, well developed. Emaciation very great, muscles flabby. Chest full and resonant. Abdomen sunken. No petechial spots; general discoloration of depending portions of body.

Head.—On removing the calvarium, sinuses of dura mater are found moderately filled with dark fluid blood—a considerable number of small globules of blood sprinkled over its external surface, no thickening or other alteration of the membrane. Arachnoid transparent, of the usual thickness; contains in its cavity a very small quantity of effused fluid. Pia mater a little congested. Veins between convolutions of cerebrum distinct, filled with dark blood. No adhesions of membranes to surface beneath. The brain has a slight uniform redness on its surface. Cortical portion firm, of natural color. Medullary substance likewise of natural color and consistence; a horizontal section reveals numerous minute dark points of blood. Half a drachm of pure serum in each lateral ventricle. On the lower aspect of cerebellum veins are more engorged than elsewhere; substance of cerebellum normal. Base of brain presents nothing unusual.

Neck.—Lining membrane of pharynx slightly reddened. Œsophagus healthy. Some reddening of mucous membrane of larynx and trachea; its texture normal.

Chest.—Each pleura contains in its cavity an ounce and a half of reddish serum; no adhesions between their surfaces; pleura itself normal. Lungs anteriorly grayish white, dotted on the surface with minute mælanotic spots, on their inferior as well as posterior aspect of a deep red hue, which is more intense in the depending portions. The substance of posterior of middle, and posterior and lower portions of lower lobe in right lung, and the same portions in lower lobe of left, is considerably engorged; a section of these parts presents a bright red color, and the

larger bronchial tubes here contain a very thick, tenacious pus-like mucus. In other parts the bronchia contain a thin reddish frothy secretion. The whole pulmonary tissue crepitates between the fingers; no traces of tubercle in any part. Diaphragm is stained in the parts corresponding with engorged lung, which rests upon it. Pericardium normal—contains no effused fluid—no adhesions of its surfaces. Heart of natural size and appearance—its walls firm; right auricle and ventricle contain a small amount of yellowish coagulated lymph; left ventricle has a small loose clot of dark blood; a similar clot extends into the pulmonary artery. Valves normal. The blood contained in the heart and aorta is dark, fluid and sizzly. Commencement of aorta contains a large firm coagulum of greenish lymph.

Abdomen.—A very slight layer of fat beneath the skin. Omentum transparent, its vessels well marked. Liver natural in size; a few superficial livid patches on its external surface—in other respects color natural, its structure firm, of natural color—vessels filled with a grumous oily fluid; under surface of left lobe, and to the extent of two or three inches around the gall-bladder on the right lobe, stained of a deep turtle-green color. Gall-bladder of a bronze hue externally, its internal lining also of the same color; distended with a thick tarry fluid, which holds in suspension numerous minute granules. Spleen three and a half inches in length by two and three fourths in width, natural externally, its internal structure firm, reddish brown; interspaces filled with dark grumous fluid. Pancreas normal. Kidneys normal in size and structure—their infundibula coated with a tenacious puruloid mucus similar to that found in the larger bronchia. Stomach of medium size, discolored externally along its greater curve; contains two ounces of a thick yellowish fluid. The color of its lining membrane generally is a dirty white—around cardiac orifice and along the lesser curve to the extent of three or four inches, mucous membrane is injected in patches and softened—there is discoloration and also some softening in the lower portions of greater curve; pyloric third of greenish tinge, the mucous texture firm, peeling off in strips of ten lines. *Intestines* are somewhat discolored externally, more in lower half of ileum; colon of greenish tinge. Small intestines moderately filled with yellowish semi-fluid faecal matter. Internally, duodenum is discolored and slightly injected in points—jejunum normal—ileum along its lower third uniformly discolored, the hue deepening towards ileo-cæcal valve—veins of sub-mucous tissue in this portion distinct, dark, congested, which condition is more marked where the general discoloration is greatest—the mucous texture in this portion of the small intestine is also softened; near ileo-cæcal valve two or three of Peyer's patches were manifest, roughened not raised, darker than the surrounding surface, their mucous membrane entire but softened—higher up a few more were seen obscurely, and presented the dotted appearance before mentioned. Colon filled throughout with softened fæces, its mucous lining of greenish tinge somewhat softened throughout. No appearance of Brunner's or isolated glands. Veins of mesentery distinct, mode-

rately distended, dark. No alteration of mesenteric glands. Bladder about half filled with reddish yellow cloudy urine.

Observations.—In the preceding case the characteristics of the fever were strongly exhibited. The autopsy was necessarily deferred till a later period than usual after death ; the increased discoloration in various parts, and the general softening of the mucous coat in the depending portions of the stomach as well as in the lower fourth of the small and throughout the whole course of the large intestines, seemed rather the result of cadaveric change.

The next few cases illustrate the course and pathological phenomena of the secondary *intestinal* affection, which came on after the fever, at a variable stage of convalescence, was of frequent occurrence, and fearfully fatal.

CASE VII.—Catharine Cochland, 24 years of age, born in Ireland, was admitted to Deer Island Hospital 22d Nov. last. She was of medium size and stature—rather delicate constitution, with a tendency to the scrofulous diathesis. She had been eight months in this country. When first admitted to the wards she was laboring under a severe attack of maculated typhus, which had then reached the sixth day. From this she recovered without any marked phenomena, with the exception of a slight attack of diarrhœa, which came on in an advanced stage of the fever, but yielded readily to the usual remedies.

During the latter period of her convalescence she partook freely of forbidden articles of diet, which was followed by diarrhœa in an aggravated form. This state of things she carefully concealed for two or three days from her nurse and medical attendants, when her rapidly failing strength attracted notice.

This was on the 23d December, at which time she had frequent discharges of thin, yellowish-white frothy liquid, of very fœtid odor. She had a flabby red tongue, feeble pulse, cool skin, and great general prostration, but complained of no pain. Her abdomen was full and soft, somewhat tender on pressure.

Dec. 24th.—No improvement—prostration great—stools frequent, very fœtid, assume a darker hue—are mixed with large quantities of depraved secretions.

For three or four days following, no improvement was observed ; stools became more frequent, dark and offensive—strength rapidly failed. She died Dec. 30th, 6 o'clock, A. M.

Autopsy, 12 hours after Death.—But little emaciation ; no wasting of muscles ; very slight depression of supra-clavicular region, more apparent on left side—in other respects chest presents nothing remarkable externally. Some tympanitis of abdomen.

Interior of head, neck and thorax not examined.

Abdomen.—A layer of fat a fourth of an inch in thickness beneath the skin. On removing the integuments, contents of the cavity presented nothing remarkable externally. Omentum contained a moderate quantity of fat. Liver perfectly normal. Gall-bladder normal in size and appearance externally ; filled with a dark, tenacious, tarry fluid.

Spleen of natural size, color and consistence. Pancreas normal. Stomach normal externally, contains half a pint of thin, greenish fluid; internal lining membrane of healthy color and consistence; natural secretion abundant. *Intestines*.—Externally, discolored from about the commencement of the ileum, onward throughout the remainder of their extent. This apparent discoloration seemed rather an opacity of the walls, resulting from the affection of the internal lining membrane; it was most marked along the lower three feet of ileum. There were extensive old adhesions of ascending colon to parietes of abdomen. Internally, duodenum normal. Jejunum somewhat congested and discolored at its lower portion.

Ileum has its internal lining uniformly discolored and congested; in its upper third the membrane becomes sensibly thickened, which thickening gradually increases till within two or three feet from the ileo-cæcal valve, when it continues for the remaining distance the same. From about five feet above ileo-cæcal valve downward, the mucous membrane puts on a peculiar appearance. The thickening here amounts to real hypertrophy, and appears in the form of transverse *ridges* thickly crowded together, completely encircling the intestine, and raised from a line and a half to two lines above the general surface; these ridges terminate abruptly at the border of Peyer's patches, giving to them a depressed appearance, which at first led to the supposition that they were ulcerated or otherwise altered from their normal condition; but on a careful examination these glands were found unaffected, the mucous membrane over them being entire and normal.

The large intestine in the cæcum, ascending and first half of transverse colon, reveals its internal lining somewhat thickened, with occasional patches of ulceration not extensive or deep; from about the middle of transverse colon these superficial ulcerations become more numerous; near the angle formed by the transverse and descending portions, the thickening is suddenly much increased, with hypertrophy of the muscular coat, much diminishing, for the space of a couple of inches, the calibre of the tube. This last has the appearance of being an old lesion. Just above this point the intestine is sacculated, and the ulcerative points more numerous, deep and extensive. Along the descending colon and upper half of the rectum the ulcerations and thickening are still more manifest. The internal surface of this intestine is blackened throughout. The ulcerations are confined to the mucous coat, irregular and varied in size, covered with a foul sanious exudation.

Of the mesenteric glands, some few at upper portion exhibited chronic enlargement, apparently of long standing; two or three towards lower portions of ileum were slightly enlarged and evidently somewhat inflamed—while others still were partly filled with tubercular matter, both in its crude and softened state. The glands of Brunner and the isolated follicles were not noticed.

Remaining contents of abdomen normal.

Observations.—This case shows fairly the character of the affection under consideration, as it has been often witnessed in the hospital con-

nected with the House of Industry, as well as at the quarantine station. We had been able to find no account of the pathology of this sequel to the fever, and had, up to this time, made no *post-mortem* investigations of such cases. The treatment here adopted was wholly empirical. We had seen a vast many patients die under many different plans of treatment, and began to be discouraged from attempting further remedial measures.

The patient complained of very little pain throughout. The intellect was unaffected.

The interior of the head and chest were not examined, the autopsy being necessarily made in the evening, after an unusually laborious and depressing attendance in the fever wards of the Hospital. From the constitution and previous history of the patient, we might infer that considerable alterations would have been found in the lungs—but it is not probable that either the chest or head would have revealed changes having any important connection with the peculiar lesions found in the intestinal tract.

[To be continued.]

ON RETENTION OF THE PLACENTA.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Medical Journal for the 17th of November last, I find a paper by Dr. Sutton, of Georgetown, Ky., on Retention of the Placenta, in which reference is made to an article of mine upon the same subject, in the 25th volume of the American Journal of the Medical Sciences.

I feel highly indebted to Dr. Sutton for the very complimentary manner in which he notices my paper; but there are one or two particulars in his remarks which call for an answer. Dr. S. observes (excepting from his censure, in a note, *the present company*) that the profession are too prone to exhibit successful cases to the world, and keep back the unfortunate ones. It has appeared to me, that of late, rather the reverse of this has become true. So much attention has recently been paid to the study of pathological anatomy, that no case is deemed complete or fully worthy of publication, without the results of a *post-mortem* examination attached. It is indeed true that every case which terminates favorably, is liable to the objection that it might have terminated as favorably if an opposite practice had been pursued. If the placenta is retained in one case, and the lady suffers no ill effects; we have no means of proving that she would have suffered more, if it had been removed directly after the birth of the child. In fact, the practice of one individual, however extensive it may be, can afford no basis upon which a general rule can be founded.

During my practice in Boston, I pursued the course which I had heard and seen recommended by the most intelligent and experienced instructors. This was, if the placenta was not found loose in the va-

gina immediately after the birth of the child, to wait quietly fifteen or twenty minutes, before interfering in the slightest degree. The pains cease, the patient is exhausted by her previous sufferings, a few minutes rest is grateful, and she will generally entreat for it. After this interval, the pains commonly returned, and I then afforded gentle assistance by drawing upon the navel string, during the continuance of the pains. When more assistance was required, I passed up my hand guided by the funis, and grasping the dependent portion of the placenta, aided the natural efforts in this manner. From half an hour to an hour was the longest time I recollect ever being compelled to wait; except in the single case recorded in the paper alluded to, where the placenta was retained nine hours. I now state, in the most positive manner, that neither had I at that time, nor have I since, witnessed any ill effects produced by or succeeding the retention of the placenta beyond the usual time.

During the last six or seven years, my practice has been similar. Singularly enough, however, whilst in Boston, my cases always followed the general rule, the placenta coming away within half an hour, almost without assistance; I have scarcely met with a case here, where it was not delayed, and where some assistance was not required. I have met with but one instance of adherent placenta. This was consequent upon the birth of an eight months child. In this case, I waited five hours, and then by introducing two fingers, I succeeded in carefully detaching the secundines from the adjacent walls, and removed them without difficulty. My patient did perfectly well, and the day after expressed her entire ability to resume her household occupations.

This is the longest case of delay I have had here. When I have failed in accomplishing the object by moderate traction of the cord or upon the dependent portion of the placenta; and found, after what I considered a reasonable delay, that it was not likely to be expelled by the efforts of the uterus; I have passed up my finger, and employed it as a hook, in the manner described by Dr. Sutton. The patients have in every case done well.

I consider, and I believe my opinion will be sustained by that of the best obstetric writers and practitioners, that labor is a natural and healthy operation; consequently nature is competent to the performance of all its functions. The greatest improvement in modern midwifery over that of the ancients, consists in the adoption of the principle of non-interference, unless assistance is imperatively demanded. Throughout the whole progress of labor, the practitioner has to contend against his own feelings; his desire to relieve the sufferings of his patient, as well as the more selfish desire to be released from tedious attendance. After the birth of the child, he is naturally impatient of what seems unnecessary and unexpected delay; he is anxious to see his patient fully secure, and to be at liberty to return to his other patients, or to his family concerns. The temptation to hurry the delivery of the after-birth, and to proceed even to violence, is therefore almost irresistible. How far it is necessary to resist this temptation, every experienced accoucheur must judge. My own very limited experience, above alluded to, as well as the extensive practice of Dr. Hunter, serve to show that one person may in the

course of a number of years meet only with one class of cases ; and that the results obtained in a series of years, or in different localities, by different practitioners, or even by the same, may lead to very different conclusions.

My statement with regard to Dr. Hunter's practice, which Dr. S. refers to, is on the authority of Denman. He says, "the practice of extracting the placenta immediately after the birth of the child was nevertheless common in this country, which I am certain must have produced both much immediate and future mischief." Dr. Hunter, while practising at the Middlesex Hospital, proposed to Dr. Sandys to try the event of leaving the placenta to be expelled unassisted. "After much consideration and some delay from the dread of censure, they agreed upon the trial, and in the first instance the placenta remained twenty-four hours. No ill consequences, however, followed ; and the trials being repeated with success, it became a very frequent and almost general rule to leave the placenta to be expelled without any assistance. Several untoward, and some fatal accidents having followed this practice, it was altered ; at least it became necessary to admit many exceptions ; and after a variety of changes and observations, I believe we are at length arrived at a state of practice with regard to the management of the placenta that will with difficulty be improved ; a practice founded on common sense and observation ; that the placenta ought to be, and is generally, expelled by the action of the uterus, in the same manner as the child ; feeling ourselves at liberty and called on to assist, only when the action is not equal to the purpose, or when hemorrhage or other dangerous circumstances demand our assistance."

The above account of Dr. Hunter's practice, Denman states he had from Dr. Hunter himself. It must be remarked that, if, as Dr. S. says, Dr. Hunter was not a man to be turned from a course which he considered right by trifling considerations ; he would not have altered the practice which he found prevalent, had not that practice been attended with serious evils ; neither would he have been followed by others, had they not been aware of those evils. That the custom of leaving the placenta to be expelled entirely unassisted, should soon have been found unsafe, is not surprising ; I can hardly believe that any medical man, in these days, would think himself released from his attendance until after the delivery of the placenta. I do not mean that in case of any unusual delay, he must continue in the room with his patient until this result is accomplished ; but that she must be watched over as carefully as a person in a critical stage of fever. From this rule, I should except the case, which I believe to be a very rare one, where we are compelled to abandon the prospect of a delivery of the afterbirth ; and, as the less of two evils, conclude to leave it entirely to time and to nature.

I do not think the course recommended in my paper in the *American Journal*, could be misunderstood so far as to have it supposed that the placenta was to be left entirely to nature, as seems to have been done at first by Dr. Hunter and his followers. The plan I advocated, is pre-

cisely that quoted from Denman—a seasonable delay and great caution with regard to anything like violent interference.

I cordially agree with Dr. Sutton, however, that we should use all due means to remove the placenta with safety to the mother, when it is not expelled in a reasonable time, by the action of the uterus. What these means are, must, as Dr. S. says, be differently estimated by different members of the profession.

Newton, January, 1848.

CASE OF LABOR, COMPLICATED WITH CRURAL PRESENTATION AND UTERINE TUMOR.

BY JAMES H. ELDREDGE, M.D.

[Contributed by the Rhode Island Medical Society, before whom it was read.]

LATE in the evening of the fifth of February I was called upon by Mr. W., of this town, who requested me not to leave home, as his wife, who had been daily expecting her confinement for the last three or four weeks, had some symptoms of approaching labor.

Mrs. W. was 37 years of age. She had been married twenty years, and had borne two children, the youngest of whom was now 17 years old, and had experienced nothing unusual in her former confinements. Her health in the mean time, though not good, had been undisturbed by any uterine affection. She had menstruated regularly, and at no time had any hemorrhage or morbid discharge from the vagina. During gestation her health had been good, and the only notable circumstance attending it, was her unusual size, being as large at the fourth month as she had previously been at the full period, and increasing in proportion up to delivery, so as to cause herself much mortification, and to give to the good gossips in the neighborhood a sure prognostic that Mrs. W. was to have twins. She felt herself rather unwieldy and clumsy, but not otherwise uncomfortable.

The night was passed without calling for assistance, and I found her in the morning able to be up, about her room, having occasionally a very slight pain. Upon inquiry, I found that the membranes had given way the evening previous, and the waters had been dribbling away slowly in that time. As she had but little pain, and appeared so comfortable, I thought it best not to interfere. During the whole of the day and the following night there was but little alteration in the case, but on the evening of the second day I was informed by the nurse that there had been a discharge of black matter, which I found to be meconium, and which of course led me to suspect a breech presentation, and to make an immediate examination. I found the external parts relaxed, the os uteri dilated, and a foot protruding into the vagina. On a little search the other foot was found, and with very little effort they were both brought down to the os externum, with the head towards the pubis. Up to this time the pains had been very slight, but the examination excited some contractions in the uterus, which however subsided immediately. After waiting in vain for

half an hour or more for pains to come on, the feet were grasped firmly, and the child brought down gradually with intervals of rest, until the breech and body up to the chest, had cleared the outlet. With considerable difficulty an arm was now reached and brought down, but it was found impossible to make further progress with the labor, without using more force than I felt justified in making.

Apprehending difficulty, I had some time previous to this sent for Dr. Shaw, of Wickford, in whose experience and skill I place great confidence; and therefore concluded to wait awhile for him to arrive—the patient in the meantime not suffering much, except when interference was made. Upon the arrival of Dr. Shaw, after the state of affairs had been represented to him, it was thought best to wait awhile longer and try the effect of a strong dose of the ergot, which had been previously given in the usual quantity.

A half hour or more passing without any symptom of uterine contraction, he proceeded to accomplish the delivery, and after much difficulty succeeded in bringing away the foetus, which was of course dead, there having been no pulsation in the cord since it was first felt. The child was of the common size, and with no other peculiarity than a large nævus covering the whole scalp. The placenta came away without difficulty, and without any unusual hæmorrhage; but this was not the end of the matter. The uterus was still large enough to contain another foetus, or even two more. As there was no undue hæmorrhage, it was thought best, as before, to wait awhile; but an hour or more passing without any change, examination was made, and the uterus found to contain a hard, unyielding tumor, of the size of the adult head or even larger, presenting on its surface the appearance of granulations, without any investing membrane, and internally its structure was fibrous and extremely hard, firmly imbedded in the muscular texture of the uterus, and attached to it over a large surface. At its margin the fingers could be worked in so as to separate it from its attachments for a short space, but on going deeper it became so hard, and its adhesions so firm, that it was found impossible to proceed without hazarding the life of the patient. We therefore made her as comfortable as circumstances would admit, and concluded, rather than resort to any *heroic* operation, to trust the case to the *vis medicatrix naturæ*, which in this instance proved a most happy reliance.

She was now fully as large as is usual at the full term of gestation, the uterine tumor appearing externally to be inclined to the left side, and presenting a smooth, round and very hard surface. For the first two weeks she had frequent rigors, followed by fever, very quick pulse, and great tenderness over the abdomen. At the end of this time the lochial discharge had become copious and extremely offensive, and the tumor had evidently lessened in size. From this time she continued with gradual improvement, and lessening in the size of the tumor, up to the thirty-eighth day from confinement, when the morbid growth was discharged without pain. It was very foetid, and had evidently been detached for some time. Upon examination it was found to be a fibrous

substance, of the hardness of cartilage, of an oval form, in its long diameter four and a half or five inches, and in its short, about three, weighing two pounds. Before its discharge it had evidently been reduced one half in size.

After the separation of the tumor, Mrs. W. rapidly regained her health, and is now (about eleven months from the date of her confinement) perfectly well.

The notable circumstances attending this case, are the absence of hæmorrhage in a labor with so little uterine contraction; the rapid growth of a tumor of that character; and the happy termination by the efforts of nature of an apparently hopeless case.

As she had, according to her own calculation, exceeded her time for four weeks, and as there was little or no uterine contraction even after the membranes had been ruptured for forty-eight hours, is it not to be concluded that a natural or spontaneous delivery could not have been depended upon, owing to the presence of so large a tumor and its extensive attachment to the muscular texture of the uterus.

East Greenwich, Dec. 26th, 1847.

A CASE OF POISONING BY OXALIC ACID.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was called on the morning of Dec. 25th, 1847, about 4 o'clock, by Mrs. W., to see her husband, to whom she said she had just given a dose of oxalic acid and senna, by mistake for Epsom salts and senna. I directed her to give him large draughts of magnesia and water. While Mrs. W. was absent, he drank half an ounce of lamp oil, which produced slight vomiting. I saw him in about eight minutes after he took the dose; the mixture of magnesia and water had been given as directed, and I followed it by giving large draughts of chalk and water. When I thought he had taken enough of the antidotes to neutralize the poison, I gave him a large dose of ipecac., which produced copious vomiting. At this time his extremities were cold, countenance anxious, pulse 90 and weak, and he complained of pain and oppression at stomach, with continual efforts to vomit, and prostration. Directed warmth to extremities, strong mustard paste over the whole surface of stomach and bowels, and 1-8 grain morph. every half hour, until vomiting ceased, with mucilaginous drinks.

10, A. M.—He had vomited blood mixed with the secretions of the stomach, every half hour until 9 o'clock, but had been quiet since. Pulse 95; tongue and throat red and sore; tenderness upon pressure of stomach and bowels; had griping pains in bowels, and at one time had a "singular numb feeling all over"; very thirsty. Directed pieces of ice to be held in mouth until dissolved, and repeated every fifteen minutes. Continue counter-irritation.

8, P. M.—Tongue red and dry; other symptoms much the same. Directed an injection of soap and water. Continue treatment.

Dec. 26th, 9, A. M.—He had a comfortable night. Symptoms much the same. The injection produced a free discharge of a green, slimy matter. Continue treatment. The character of the tongue, throat, discharges from bowels, and treatment, continued much the same for three days more, when the redness of tongue was replaced by a slight yellow coating; the discharge from the bowels assumed a better appearance, and his appetite returned. He recovered so as to return to his usual occupation in about eighteen days. At the present time he is slightly dyspeptic, but otherwise well.

Dr. A. Hooker saw the case with me two or three times.

Mrs. W. uses oxalic acid in bleaching straw bonnets, and by mistake a quantity of it got into the medicine box. The quantity taken was not far from an ounce. The great effect of the acid was by its corrosive properties upon the mucous coat of throat and stomach; but the peculiar numbness spoken of by the patient is proof that it had its poisoning effect upon the brain. The quick administration of the antidotes stopped the progress of the poison.

Mrs. W. is an English woman, and says she cannot buy oxalic acid in London without a written order from some authorized person. Ought it not to be so in this country?

MOSES CLARKE.

East Cambridge, January 21, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 2, 1848.

Medical Society Meeting.—The Counsellors of the Mass. Medical Society will meet at their rooms in the Masonic Temple, Tremont st., at 11 o'clock this morning. Business matters of peculiar interest will be acted upon, and it is therefore desirable that gentlemen should be in their seats at the specified hour.

Death of Dr. Horace Wells.—A melancholy interest is connected with the sudden and suicidal death of Dr. Wells, from the circumstance of his name being associated with the discovery of the inhalation of gases to overcome consciousness in surgical operations. He labored incessantly to establish his claim to the honor of discovery, and certainly produced a mass of testimony that convinced many that his researches, experiments, and suggestions influenced others to proceed in a course of investigations, that finally led to the triumphant discovery of the anæsthetic properties of sulphuric ether, and subsequently, under the clear-sighted exertions of Dr. Simpson, of Edinburgh, of the same surprising qualities in chloroform.

Dr. Wells visited France, to vindicate his claim before the philosophers of Paris, and brought to the notice of the Institute his personal efforts and successful experiments. Various articles were written by him to establish

the priority of his claim, and this Journal has been a medium through which he both addressed and appealed to the medical profession in regard to this engrossing topic.

In the letters written by himself immediately before death, a fact is stated which may yet throw further light on the effects chloroform may produce on the brain, in some persons of peculiar temperament. He states that having been so much under its influence he was unconscious of the act he performed in the street that led to his arrest. Insanity seems to have been produced. He says,

"I had, during the week, been in the constant practice of inhaling chloroform for the exhilarating effects produced by it; and on Friday evening last I lost all consciousness before I removed the inhaler from my mouth. How long it remained there, I do not know, but on coming out of the stupor, I was exhilarated beyond measure, exceeding anything which I had ever before experienced, and seeing the phial of acid (which had been used a few evenings previous), standing on the mantel, in my delirium I seized it, and rushed into the street and threw it at two females. I may have thrust it at others, but I have no recollection further than this. The effects of this inhalation continued very much longer than ever before, and did not entirely pass off until some time after my arrest."

Manufacture of Chloroform.—Messrs. W. B. Little & Co., Hanover street, Boston, are manufacturing this new agent in large quantities. Much of it is packed up in phials small enough to be carried in a vest pocket, and secured at the cork in a manner to prevent loss by evaporation. The practitioner is thus saved all trouble of transferring the fluid from one phial to another. Dr. C. T. Jackson, the chemist, whose reputation is as extensive as the boundaries of science, speaks with entire confidence of the purity and excellence of Mr. Little's chloroform for all the purposes for which it may be required.

Mr. Burnett, also, in Tremont Row, is equally successful in his chloroform; and it is by no means necessary to urge upon practitioners the propriety of being particular in their purchases, from men of established reputation, since a poor article, from irresponsible sources, may be in the market.

The demand for chloroform almost exceeds belief—and we are almost disposed to ask under what circumstances it can be all used.

Medical Officers of the U. S. Navy.—It is pretty evident that the surgeons in our navy are poorly paid and imperfectly estimated by our government. It has been the wonder of the profession for years, how men of the lofty bearing and distinguished attainments which generally characterize their naval brethen, can be charmed to remain in the service. Many of them are swept off by the maladies to which they are exposed; while others linger on the threshold of expectancy, till gray hairs admonish them of the uncertainty of earthly honors.

A plain, cogent paper on the pay and rank of medical officers in the United States Navy, came to hand the other day, which called forth these observations. But having, on several occasions, in past time, adverted to this subject, and attempted to show the injustice of keeping naval surgeons

in a singularly uncomfortable position in respect both to rank and emolument, it is necessary to leave the subject here, as we found it, but not without expressing a deep regret that gentlemen of brilliant attainments, such as give character to that branch of the public service, are not considered with more pride and interest by Congress, in which body the alleviating power exists, to grant them their due as men of science and faithful servants of the government.

The Dublin Dissector.—Through the attentions of the Dublin publishers, Messrs. Hodges & Smith, we have a copy of the fifth edition of a well-known and approved work, to which numerous additions and illustrations have been made, now placing it in the very first rank of books on practical anatomy. Elementary books on anatomy have not, we think, been properly estimated. If it is necessary to study anatomy at all, it is best to do so under all the advantages which the superior attainments of those who have gone before us, have placed within our reach. The Dublin Dissector has had a good reputation a long while, and the author, Dr. Robert Harrison, Professor of Anatomy and Surgery in the University, has been constantly revising the text, from the first to the present beautiful edition. It now comes to us in the character of a highly-finished, accurate production, although exceedingly modest and unpretending in character. It is really a full and complete system of human anatomy, and every way worthy of the entire confidence of teachers and schools of medicine. This edition is compact, the paper firm, the type distinct, and the engravings accurately define the parts intended to be exhibited. A young beginner might follow these indications, it appears to us, and scarcely make a mistake in finding or identifying a muscle in the body. If some of the enterprising publishers here, who are always on the alert to profit by the ingenuity and learning of foreign writers of reputation, would Americanize these two volumes, a liberal patronage would be extended towards them.

Philosophy of Health.—This is a small treatise on a great subject. Its title is, “Philosophy of Health, or Health without Medicine—a Treatise on the Laws of the Human System. By L. B. Coles, M.D.” While in manuscript, we looked over the pages, and ascertained there were propositions maintained in which many place little or no confidence, notwithstanding the testimony of certain earnest advocates for a thorough revolution in dietetics. Not content with the full enjoyment of their whims, some of the noisy ones keep the community as much as possible in a turmoil about what they think is conducive to health, and what is not. Dr. Coles hails from the ranks of the vegetable eaters; but if he really abominates beef-steaks and butter, he is modest and unobtrusive with regard to his opinions, which should be regarded as a virtue in this age of radicalism. He inculcates many excellent things, which, properly observed, would lead the way to a pleasant old age, free from the infirmities that have their origin in a violation of the physiological laws. Ticknor & Co. are the publishers, who will unquestionably give an activity to its distribution over the literary world.

Dr. Smilie's Improved Instrument for inhaling Chloroform or Ether—Recently devised by E. R. Smilie, and manufactured by N. Hunt, surgical

instrument maker, has been exhibited to, and used by, some of the principal physicians of the city, and is said to possess the following peculiarities, that recommend it as superior to those now in use. The receiver is of glass, flattened upon either side, having apertures like those used for chemical purposes, if we except the superior, which is placed far back upon a line, and almost opposite the one adapted for the reception of the mouth-piece, affording a chamber above, between the two openings, for the rise and combination of the vapor with the air, free from the intervention of sponge. Thus obviating, by the union of the vapor with the current of air from the opening, the exhilarating effect and tendency to asphyxia, produced by the division of the atmosphere and the contact to which it is subjected in its passage through the minute cells of a compressed sponge, forcing a combination which only serves to reduce the anæsthetic power of the agent, without affording the patient the protective qualities of oxygen, while it in no way hastens the state of insensibility. Into the apertures are fitted ground stoppers so as to prevent the evaporation and waste of the agent used, when disconnected with the mouth-piece, and from its size the receiver may be carried in the pocket without inconvenience. The mouth-piece is of glass, and is connected with the receiver by a silver tube, within which are the valves that prevent the passage of the breath from the lungs into the retort, and allow of its escape.

Surgery in Madison County, N. Y.—A correspondent in a flourishing town in this county, writes—"We are using *chloroform* with much success in this vicinity, and without any apparent ill effects. I operated yesterday on a patient for *strabismus*, with the best results. I operated this morning, without the chloroform, for cleft palate; patient healthy and robust, 50 years old. The parts near the delta, or anterior extremity of the cleft, were so remote from each other, and so rigid, that I was obliged to dissect them off the palatine bone to enable their edges to meet."

TO CORRESPONDENTS.—In addition to papers already acknowledged, and for the insertion of which, space has not yet been found, others have been received from Drs. U. Potter, of Hallsville, N. Y.; "A Smoker, &c.," New York; Dr. Wilbur, New York; and Dr. Dwinelle, Cazenovia, N. Y.

ERRATUM.—Page 524, line 5, for "found," read formed.

MARRIED.—Dr. Farman Field, of Mt. Pleasant, N. Y., to Miss A. Moubray.

DIED.—At West Newton, Mass., very suddenly, Dr. Moses P. Greenleaf, 31.—In Brookfield, Vt., Dr. Joseph Blair, 32.—In New York, by severing the femoral artery, while in prison, having, it is said, previously taken chloroform, Dr. Horace Wells, a dentist, who claimed to be the discoverer of the method of relieving patients of consciousness of pain by inhalation of gases.—At Terre Haute, Indiana, Dr. Ebenezer Daniels, formerly of Worthington, Mass, 57.—In New York, by dividing the femoral artery, Dr. Murray, of Augusta, Geo.

Report of Deaths in Boston—for the week ending Jan. 29th, 69.—Males, 35—females, 34.—Stillborn, 2. Of consumption, 6—typhus fever, 13—lung fever, 4—teething, 2—infantile, 9—convulsions, 7—croup, 1—pleurisy, 2—inflammation of the lungs, 4—dropsy, 2—scald, 1—old age, 1—disease of the spine, 1—disease of the liver, 1—marasmus, 2—apoplexy, 1—erysipelas, 1—suicide, 1—inflammation of the bowels, 3—diarrhoea, 1—dysentery, 2—intemperance, 1—debility, 1—smallpox, 1—disease of the brain, 1.

Under 5 years, 27—between 5 and 20 years, 5—between 20 and 40 years, 24—between 40 and 60 years, 6—over 60 years, 1.

Vital Statistics.—A very interesting comparative table has been drawn up by M. Marc d'Espine, in the *Annales de Hygiène*, relative to the laws of mortality and survivorship at the different ages of human life. It is calculated upon the 10,203 deaths which took place in the Canton of Geneva, from 1838 to 1845. It appears from this table, that upon 1000 individuals there were left at ten years of age, 744; in the 16th century, however, only 480 went beyond ten. This increase in favor of our times has been constant: thus at forty years of age, in our times, 529 individuals survive upon 1000; in the 18th century only 427; and in the 17th merely 296; and lastly, at the end of the 16th, so little as 206, showing that in the 16th century only one-fifth of the individuals born went beyond the age of forty, whilst in our age not even half of the births are absorbed at 40 years. At the age of fifty, in our days, 438 are left out of 1000; at sixty, 346; at seventy, 238; which latter number is more than there were left at forty years of age in the 16th century. At this same age of seventy there were left upon 1000 in the 18th century, 145; in the 17th century, 80; in the 16th, 41. At ninety, in our days, 8 individuals are left upon 1000; in the 18th century only five remained; in the 17th century, merely 3 7-10; the 16th, 2 3-10. Finally, at ninety-five years of age, there are left 146 survivors on 100,000 individuals; at ninety-six, 74 are left; at ninety-seven, 49; at ninety-eight, 29; and lastly, from ninety-nine to one hundred and two years of age, 9 only remained upon 100,000 births. The statistical tables of Matlet, Heyer, and Lombard, have been used for the centuries preceding the 18th.—*L'Union Medicale*, December.

Rewards to the Fever Officers and Surgeons.—We are most happy to be able to state, that Government has recognized the claims of the families of those humane and brave officers and surgeons who perished in this town from fever, while in the discharge of the duty of relieving the sick and destitute. Early in the year Mr. Rushton, with his usual active benevolence, made strong representations to Sir George Grey, and his endeavors did not want the support which Mr. Austin, the Poor-law Assistant Commissioner, could officially give. The result has been, that Government has placed at the disposal of the two rectors and Mr. Rushton (with whom Mr. Austin forms a committee), a sum equal to one year's salary for each of the officers and surgeons who died in the discharge of a sacred duty.—*Liverpool (Eng.) Journal*.

Use of Ether Vapor in Operative Surgery.—The introduction of the use of ether vapor in the practice of operative surgery is, undoubtedly, one of the greatest discoveries of modern science. Of the relative merits of ether and chloroform we do not, at present, offer any opinion; they have yet to be established; but to the discovery of the use of ether vapor we owe the employment of chloroform. That the latter agent is the more powerful has been clearly proved, by upwards of one hundred experiments on animals. An account of these highly interesting experiments is now in our possession for publication.—*London Lancet*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, FEBRUARY 9, 1848.

No. 2.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Professor Velpeau has made it a part of his duty, for a few years past, to present to his medical class a general resumé or report of the surgical observations which he had made during his year's service at his Hospital. A summary of his report, made in 1846, I sent you some twelve months since, which you considered of sufficient importance to publish in your Journal.

I now forward to you, for your disposal, a summary of this distinguished surgeon's last report, in which he has given a general account of his clinical labors and experience for the year of service which has just terminated.

Yours very truly,

Paris, October, 1847.

F. WILLIS FISHER.

PARALLEL OF CONTUSIONS AND BURNS—EFFUSIONS OF BLOOD—LAWS WHICH GOVERN INFILTRATION.

Now that we have explained at the daily clinic each of the facts in particular that have been presented to our observation, we wish to consider them all together, and review the facts in a general manner. We are then about to undertake a grand summary of the facts which have passed under our notice, from the month of November, 1846, to the month of August, 1847; and we have collected a detailed observation of 752 cases. But this number does not correspond to the precise number of patients which have been offered to us; a large number have come only to the amphitheatre, others have remained in the wards only a few hours or days. The number of patients is less than that of preceding years. This is due to having been deprived, by reason of repairs, of the large ward for the men, who have had, during this time, only the small ward; moreover, less rigor has been observed in causing patients to leave the hospital promptly. Three hundred and thirty-eight men and two hundred and forty-three women have been received into the service, and one hundred and twenty-one cases in which the sex has not been noted. It would be erroneous to judge that the number of women has been smaller because there are fewer beds for them; for, during a certain time, there were only twenty beds for men unoccupied, while a larger number of beds for females were vacant. Does this indicate that

there have been more men than women sick? This is true for the population of the hospitals, but in private practice it is the contrary. Why this difference in the hospitals? In Paris, there is a large number of workmen who have no refuge except in the hospitals; the women, on the contrary, provided they have a family or friends, remain with them during their sickness, and are opposed to entering a hospital. It must also be noted that the population of a city is divided into two categories, the fixed, and the floating population, the last of which is composed principally of men who resort to the hospitals when sick. Five hundred and five patients have been discharged, cured; one hundred and seventeen in a state of health notably ameliorated; fifty have found no relief in the hospital; in eighteen cases the result has not been indicated, and thirty-nine patients have died in the wards. We have, then, lost, on an average, about 1-25 of the patients. What does this result signify? If all the patients had remained for grave and dangerous diseases, it would be very satisfactory; but many of them had only very slight affections, such as contusions, pains, certain diseases of the eyes; many were brought to the hospital in the agonies of death; others were dead before we had seen them. Of these 752 cases, there have been 171 cases of operations called special, and 153 general operations, and a large number of operations have been practised upon patients who have not entered the wards, as for the extirpation of the tonsils, polypi of the nose, tumors of the eyelids, &c. We have classed the diseases into particular groups, and shall examine first, the diseases, which, like inflammations, burns, wounds, &c. happen indiscriminately in all regions of the body, and in all the tissues. This done, we shall pass to the diseases of the different systems; we shall consider the different diseases of the bones, caries, necrosis, &c.; the different affections of the joints, luxations, hyarthroses, arthropathies;—the diseases of the lymphatic, venous system, &c. After this examination, we shall pass to that of the special organs—diseases of the testicle, breast, bladder, &c. As will be seen, we have a vast field to traverse.

Contusions.—The number of contusions which have been admitted to the hospital as principal diseases, is 31. There have been others, but they were not principal diseases, and did not figure as such. Of these 31, 18 have been cured, 5 were in process of a cure on their departure, and 3 have died. These contusions are distributed thus: 7 of the face, 5 of the chest, 1 of the loins, 3 of the haunch. The three deaths did not result from the contusion by itself; and it is here necessary to remark something very important. The same facts may be found contradictory, according to the persons who speak of them; a surgeon may lose a great number of patients, and say that he has not lost any, without being accused of misrepresentation. These three patients died, and their deaths ought not justly to have been registered in the tableau of contusions, for they did not die from the contusion; one died from an erysipelas, the two others were carried off by pneumonia, and certain statistics would have consigned these cases under the respective tableau of the actual disease. Patients seldom if ever die from surgery by itself;

those only who expire under the bistoury may be counted as having died from the surgical affair. For example, those patients operated on by lithotomy, do not die from the lithotomy itself, they die from a peritonitis, and this is a medical disease. Can we, then, say that lithotomy causes no deaths? This would appear singular. And the same thing happens as it regards lithotrity; the patients do not die from the lithotrity, they die from an adynamic or some other fever. These three patients did not die from the wound itself, but from the fact of their wound: the wound of one of them was the point of departure of an erysipelas; this erysipelas spread, suppurated, and the patient died. With another, the contusion existed upon the thorax, there was pulmonary emphysema, the patient died. All this does not prove that contusions by themselves are dangerous, but that they may induce other diseases, or aggravate one pre-existing. In the category that we consider, we must place five cases of concussion, and in one of these cases the nervous centres were affected. Concussions always suppose a shock, a pression arising from a shock. When a blow is received upon a limb, the muscles are contused and bruised; and if the shock happens upon the short bones, they are crushed; but if it happens upon the long bones, there may be concussion of the bone, a derangement of the medullary canal; and this concussion, too much neglected by surgeons, is very important to understand and treat;—there may be an effusion of blood, an inflammation, which may be the cause of a caries, necrosis, or exostosis. A contusion, or the shock that produces it, may cause a derangement of the abdominal organs. A fall upon the feet, or the pelvis, may injure the liver, spleen, kidneys, uterus, organs of generation, intestines, stomach, &c. The chest is still more favorably disposed to be deranged; the lungs, the heart, all the organs enclosed in the thoracic cavity, are liable to suffer. But nowhere is the derangement observed oftener, or produced more easily, than in the cerebro-spinal axis, which is wonderfully disposed for this result. It is an osseous cavity, solid, and incompletely filled, and if the vertebral column escapes rather oftener than the cranium, it is because it is slightly flexible.

M. Velpeau for a long time has attempted to class contusions into groups, into species, and as a guide to the mind he has taken burns for a term of comparison. A burn in the first degree is an erythema; a contusion in the feeblest degree is somewhat similar, there is a simple abrasion. In burns in the second degree, there is a lesion of a part of the thickness of the skin, the epidermis is raised by the serosity. Moreover, in contusions, there is lesion of only a portion of the thickness of the skin, and simple ecchymosis under the epidermis. In the third degree of burns, there is lesion of the whole thickness of the skin, even to the sub-cutaneous cellular tissue; there is an eschar. In contusions in the third degree, all the skin is the seat of the anatomical lesion; and the same condition exists in the fourth degree. Burns, like contusions, extend even to the cellular tissue, the sub-cutaneous inclusively. In the fifth and sixth degrees, we may rank some alterations, comparable in both cases. Examined in regard to the course

they follow, burns and contusions in the first degree are very slight, and heal promptly; in the second, there is still an easy cure. What happens in the third degree? In both cases an eschar is formed, and nature must operate the work of elimination. This difference must be remarked, that, in burns, there is mortification, an instantaneous escharification, thus to say;—whilst, in contusions, an eschar is not formed immediately; three or four days of incubation are necessary, and these three or four days do not exist for burns. An eliminatory process also takes place, which, in the two cases, lasts from ten to twelve days; the eschar then falls, and from three to six days are necessary for the wound to heal, and cicatrization can take place only by the second intention. Thus, whatever be done, about twenty days are necessary for the disease to run through all its phases. In the fourth degree, contusions are not comparable to burns; they may heal rapidly, which is not the case with burns. A body produces a burn in the fourth degree only after having previously and necessarily caused a burn in the first, second and third degrees, and it is from this condition that there is a burn in the fourth degree. A burning iron, to reach the sub-cutaneous cellular tissue, must necessarily traverse the epidermis and the thickness of the dermis; whilst, on the contrary, there may be a contusion of the sub-cutaneous cellular tissue without the skin being in the least escharified, which establishes a fundamental difference in the march of the two diseases in the fourth degree. In the fifth degree the difference exists, the bones may be bruised or contused without the skin being escharified. Burns in the fourth and fifth degrees are very dangerous, and compromise the life of the patient, which may not be the case of contusions. That which is important in contusions, is not, as in burns, the depth only, but also the extent. In contusions, the phenomenon which predominates is the effusion of blood. The blood may be effused or infiltrated in the tissues, or accumulated. The most common form of sanguineous effusion is infiltration, which in the skin goes no farther. In the first and second degrees of contusions the infiltration is a simple spot caused by the blood regularly spread around the point contused; there is a blackish disk, which radiates by an eccentric force. The blood never goes very far, because the skin is generally homogeneous, and its density very great. Infiltration varies according to the tissues where it occurs; thus, in the cellular tissue, the ecchymoses are very large; it is the contrary in the skin. But the cellular tissue is a spongy, lamellous tissue, in which the infiltration of the liquids may be made with facility. By what laws is this infiltration governed? Evidently, by the apparent laws of physics. Thus the blood is not always infiltrated in a descending course; an ecchymosis will not go from the thigh towards the leg, from the leg towards the foot, from the walls of the abdomen to the thigh. This appears singular at first sight, but it is not only the weight that acts, it is also the imbibition, the capillarity: surgical anatomy explains to us the other reasons. That the blood has a tendency to gain the parts beneath the wound, is very true; but it meets with an obstacle which arrests it, it is accumulated, its level rises, and instead of

being diffused downwards, the blood gains the higher parts. That the blood may freely pass downwards, it is necessary that the cellular layer should not be denser downwards than upwards. Take the thigh, for example; the aponeuroses are more and more contracted and intimately united in proportion as they approach the knee. How will the blood descend? It cannot; it will descend. The cellular tissue becomes more spongy, more lamellous, and the blood mounts towards the abdomen. The infiltration of blood is never produced by a current or running, but by an imbibition, by what physicians call endosmose, exosmose. This applies not only to the sub-cutaneous cellular tissue, but to all the cellular tissue everywhere, even to the bone. In every part where we wish to foresee or explain the march that the infiltrated blood will follow, it is necessary only to bear in mind the degree of permeability of each tissue, and of each part of the same tissue. Another element of contusion is the accumulation of blood, which we shall study with care, for it forms a distinct disease by itself, having its proper phases, its peculiar dangers, and sometimes reclaiming a special treatment.

But before passing to this study, we ought to mention another cause of the march that the infiltrated blood follows; in fact, we have already seen that the weight had a certain influence, and that the permeability had not less; and another no less important consideration is the muscular pression, or the pressure of the other organs. Let us take, for example, the muscular masses of the thickness of the limbs, the calf of the leg, &c. &c. When the muscles are contracted, they are not everywhere contracted in the same manner. If the blood is effused just at the place where the muscles correspond by their thickest portion, if they are fusiform, the blood may as well be forced upwards as downwards; if it is found above the fusiform swelling, it is evident it will tend to mount upwards; if it is found below the swelling, when the muscles contract it will be forced downwards by their action. This principle may be applied everywhere else; the knowledge of surgical anatomy will give us all the elements. Thus, to resume, three principal laws govern the march of the infiltration of blood in the body. First, the weight; second, the permeability of the tissues; third, pressures. Sometimes these three forces will be equal, sometimes one of them will prevail and govern. If a contusion has produced an effusion of blood in the middle of the forehead, the blood will remount, because the tissues are more dense at the crown of the head. If it is more outwards, towards the eyebrows, the eyelids, it will be downwards, the tissue of the eyelids being very loose, soft and spongy; here the weight and permeability are the cause of it; in the first case it was simply the permeability, notwithstanding the weight.

In our next communication we shall speak of sanguineous effusions considered by themselves, and of wounds.

F. W. F.

CLINICAL RECORDS AND POST-MORTEM ILLUSTRATIONS OF
TYPHUS OR SHIP FEVER.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 18.]

THE four cases which follow are given to illustrate still further the pathology of the secondary intestinal affection in maculated typhus, the subject of which was introduced in the last number.

CASE VIII.—James Warnock, aged 37, in previous good health, was admitted to Deer Island Hospital Dec. 6th, with fever. He had been several days ill.

It was a marked case of maculated typhus, of medium severity. There was no diarrhœa during the acute stage. The disease was of the average duration.

The patient recovered from the fever with no untoward symptom. He had been transferred to the convalescent ward, and for two or three days had been able to leave his bed and walk about the room. He had a strong appetite, and, contrary to injunctions, partook prematurely, though in moderate quantity, of solid diet. Immediately after (the 2d of January), he was seized with diarrhœa. He had at first six or eight discharges in the twenty-four hours, liquid, yellowish and slimy. After two or three days the stools increased in frequency, deepened in color, were mixed with depraved secretions, became reddish, and finally almost black and very offensive.

The patient complained but little of pain in the abdomen; there was no tympanitis, and slight tenderness on pressure. His strength failed rapidly, and he died January 11th, at 8, A. M.

Autopsy, 48 hours after Death.—Subject well developed, large, muscular. Emaciation not marked. Chest large and full. Abdomen sunken, but not discolored.

On removal of integuments, contents of abdomen present the following appearances. Omentum contains a medium quantity of fat. Liver externally of somewhat deeper color than natural, its parenchyma congested but not disorganized. Gall-bladder large, distended to the utmost with a thick, tarry fluid. Pancreas, spleen and kidneys, normal. Stomach normal externally; contains a pint of thin, grayish fluid. Internal lining covered with a grayish, tenacious mucus; mucous membrane itself slightly injected near pyloric orifice, otherwise normal in every part. Intestines.—Externally there appears some discoloration of duodenum, and upper part of jejunum, more at lower half of ileum, descending colon and rectum. Both small and large intestines contain in every part a grayish, pultaceous fluid, in considerable quantity. A few small collections of fæcal matter, in color and consistence like chocolate, found in lower portion of ileum. Veins of submucous cellular tissue a little engorged in duodenum, and upper part of jejunum; mucous membrane in these portions natural, as also throughout remainder of jejunum and upper half of ileum, from which point injection begins to be marked, accompanied by thickening. This condition of the membrane increases till within

about two and a half feet from ileo-cæcal valve, when both the congestion and thickening become strongly marked, appearing here and there, for the space of a few inches in extent, in the form of transverse lines raised from the general surface. Near the ileo-cæcal valve, to the extent of four inches, this ridged appearance is remarkable—the elevations being from a line to a line and a half in height, and one or two lines in breadth. Within a couple of inches of the cæcum are observed a few points of ulceration, of the size of a pin's head, extending partly through the mucous coat. In but one instance are Peyer's patches visible; it here presenting in a slight degree the shaven-beard appearance, the thickening elsewhere noticed ceasing at the border of the patch, giving it a depressed appearance. The cæcal extremity of colon shows considerable congestion and thickening, with commencing points of ulceration; these appearances increase along the ascending and transverse portions, and are still more marked in descending portion and upper part of rectum. None of the ulcerations in this case exceed in size a split pea; they are confined to the mucous coat. There is no alteration of mesenteric glands. Remaining contents of abdomen normal.

CASE IX.—Patrick Lochlin, 25 years of age, was admitted to Hospital on Deer Island, Oct. 20th, being then in the initiatory stage of the fever. His previous health had been good.

The fever was well marked, severe and protracted. Convalescence was proportionally slow, but complete. The patient had left the wards and had been engaged in out-door employments for two or three days, when diarrhœa set in. This was on the 12th of December. The discharges at first amounted to not more than four or five in the twenty-four hours. They were liquid, yellowish, mingled with mucus, not very offensive. Once or twice they were checked by the powders of ipecac. and opium, assisted by the acetate of lead. The abdomen was sunken, somewhat tender on pressure. The symptoms gradually assumed a graver character—prostration became marked—the stools were more frequent, darker in hue, became mingled with depraved mucus and blood, and were very fœtid. For the last four or five days they were of a slaty color, passed almost constantly and involuntarily.

Death occurred on the 13th January. The patient had throughout no tympanitis, and the soreness and tenderness on pressure were not very marked. He made no complaint, but bore upon his face a peculiar expression of anxiety and suffering. His intellect was unaffected.

Autopsy, 4 hours after Death.—Subject of medium size, well developed; much emaciation. Chest full, resonant. Abdomen sunken—but a thin tissue of fat beneath the skin over chest and abdomen.

Cavity of Abdomen.—Omentum free from fat. Right lobe of liver a little darker than natural externally—structure of same lobe rather darker than usual in its right half—in other respects this viscus normal. Pancreas normal. Spleen natural in size; its texture disorganized to the extent of an inch and a half on its upper extremity, and presents here a superficial abscess three quarters of an inch in diameter, filled with ill-conditioned pus.

Kidneys normal. Stomach externally normal; contains a pint of thin greenish fluid; its mucous lining, to the extent of three or four inches around cardiac orifice, studded with minute red points, mostly gathered in clusters from half to three quarters of an inch in diameter; its texture normal in all its extent.

Intestines externally appear a little discolored in duodenum and first part of jejunum—this dark color (opacity) becomes evident again and more marked at beginning of ileum and increases as we descend the tube—in large intestines it is most apparent in descending colon and upper half of rectum. Duodenum and upper portions of jejunum contain a greenish fluid: ileum and colon moderately filled with a grayish semi-fluid matter, adherent to their walls. Mucous membrane of duodenum is considerably congested—that of upper portion of jejunum is also darker than usual, but presents no marked injection or thickening; texture normal. Valvulæ conniventes in their natural condition. In the upper portions of ileum the dark color and thickening of mucous membrane becomes manifest—these conditions increase as we descend the canal, and are most marked about four feet above ileo-cæcal valve. The thickening along lower two thirds of ileum assumes the form of rough, prominent ridges, blackened on their summits. These prominences are at first inconsiderable, and separated by an interval of three to six lines; farther on they are increased in number, as also in breadth and height; four feet above ileo-cæcal valve they resemble hypertrophied valvulæ conniventes, being a line apart, and elevated from one to two lines, hard, some of them serrated on their summits—they continue thus till within two or three inches from the cæcum. The ridges extend completely around the intestine unless intercepted by the patches of Peyer, in which case the elevation terminates abruptly at the border of the patch and recommences on the opposite side. The patches are therefore apparently depressed; and are covered with a dark coating of depraved secretion, which is readily scraped off by the scalpel, revealing the membrane beneath entire. At the junction with the cæcum, for the space of three or four inches the mucous surface appears roughened, granulated, with here and there a few thin flakes of a lymph-like substance. Some few of the solitary glands are here visible, raised and somewhat reddened, and interspersed are a few points of ulceration. The cæcum exhibits the solitary glands enlarged, inflamed, surrounded each with a distinct red border, the central point being in some instances ulcerated—there is also thickening and injection of the mucous lining, with accompanying hypertrophy of the muscular coat. These conditions observed along the ascending colon—less in its transverse portion—again very marked in descending portion. The interior of large intestine throughout is much thickened and roughened; in the descending colon and upper part of the rectum the mucous coat is extensively ulcerated. No alteration of mesenteric glands. Remaining contents of abdomen normal.

CASE X.—Michael McCall, aged 23, was admitted to Deer Island Hospital on the 23th December—three days ill. The fever was dis-

tinctly marked—though of a mild form. It early assumed the depressing type, demanding after the first week the cautious but constant employment of stimulants and tonics. The disease was of short duration. It presented no distinct crisis, was marked by no delirium, no diarrhoea or tympanitis. Convalescence was rapid and complete. On Sunday, January 10th, permission was given the patient to dress and walk about the wards. This he did, however, for the first time on Tuesday following. Next day the nurse reported him to have had, during the night previous, four large liquid yellow stools. He complained of no pain. Abdomen slightly tender on pressure—no tympanitis. It was found upon inquiry that he had partaken the day before of forbidden articles of diet. The stools increased in frequency. On Friday night following they became dark, bloody, jelly-like and extremely offensive. He was greatly exhausted. Patient complained of but little pain—there was no tympanitis—intellect clear throughout. Death took place about noon on the 23d.

Autopsy, 48 hours after Death.—Externally—but little emaciation; marked rigidity; no discoloration of surface; chest full and resonant; abdomen sunken.

Abdomen.—Adeps one fourth of an inch in thickness beneath the skin—omentum has also a medium quantity of fat. Liver of usual size and color; superficially shows a few stains like ecchymosed spots; texture normal; vessels filled with fluid black blood. Gall-bladder distended with a tenacious, molasses-like fluid. Spleen rather below the average size—color and texture normal. Pancreas and kidneys healthy.

Stomach—Externally normal—uniform reddening, extending along most of lesser as also cardiac half of greater curve, is seen through the translucent outer coat. Contains in its cavity five ounces of grayish fluid. Its internal lining thickly studded with minute red points in those portions corresponding with the apparent reddening externally.

Intestines—Externally, duodenum and jejunum natural; ileum and colon appear somewhat discolored throughout whole extent—no considerable opacity of their walls. Jejunum and ileum empty, and somewhat contracted. Large intestines contain only a pultaceous grayish matter. Internally, duodenum and jejunum normal; in upper portion of ileum congestion becomes manifest, and from about its middle, onward through all its extent, lining membrane of ileum is much injected, thickened and opaque—in one or two instances only, to the extent of three or four inches the thickening appears in the form of elevated transverse lines, only partly encircling the intestine, and from four to six lines apart; this is about the commencement of lower third of ileum. Peyer's patches are in several instances distinctly visible, but not materially altered. Brunner's and isolated follicles not developed. The large intestine shows its mucous lining throughout injected and thickened. In descending colon and rectum these appearances are most remarked, the lining membrane being here intensely reddened in patches and thickened irregularly. The solitary glands are also manifest in descending colon, slightly raised and inflamed, appearing like minute pustules on the

surface of the membrane. No ulcerations noticed in any part of intestinal tract.

Mesenteric glands small and firm. Remaining contents of abdomen normal.

CASE XI.—Philip McGonagle, æt. 16, of sanguine habit, and strong make, was admitted to Quarantine Hospital Dec. 9th, about the eighth day of fever. He had all the symptoms of maculated typhus in a marked degree. The fever continued, with uncommon severity, nine days longer, when a distinct crisis occurred. There was no diarrhœa in the acute stage. Convalescence had gone on rapidly and favorably till the 1st January following, at which time the patient had an imperfect relapse; from this, also, he recovered completely, and had been allowed to dress and walk about the room. His appetite was strong, but he was restricted to the use of bland farinaceous articles, together with the lighter broths. This injunction, however, he did not regard, and found means to partake rather freely of solid diet. About this time, forty-five days from the first accession of fever, and fifteen from the period of relapse, he was seized with secondary diarrhœa. There were at first five or six discharges in the twenty-four hours, copious, liquid and slimy, unattended with much pain. There was no tympanitis and but little tenderness on pressure. The symptoms increased daily in severity. Patient failed rapidly in strength. His countenance assumed a peculiar expression of anxiety; stools became more frequent and fœtid, were mixed with depraved secretions and with blood, and for two or three days preceding his death passed involuntarily. In the latter stage of the affection there existed constant dull pain in the bowels, and considerable tenderness on pressure. The mind was unaffected.

Death occurred Monday, January 24th, at 2, A. M.

Autopsy, 32 hours after Death.—Subject of medium size, much emaciated. Considerable rigidity of muscles. Chest capacious, resonant. Abdomen sunken and discolored. Sub-cellular tissue of chest and abdomen contains but little fat.

Cavity of Abdomen.—Omentum thin and transparent. Liver natural in size; superficially around gall-bladder, as also on most of under surface of right lobe, of deep bluish-black color; structure normal. Gall-bladder greenish yellow externally; moderately distended with a fluid like molasses in consistence and color. Kidneys healthy. Spleen a fourth larger than usual, natural externally; contents dark and grumous; structure natural.

Stomach contains a pint of greenish watery fluid; its mucous lining shows nothing remarkable.

Intestines.—Externally ileum appears discolored along its whole course, in lower two thirds opaque; veins along line of mesenteric attachment distinct, dark, congested. Colon uniformly discolored, of greenish tinge. Ileum and colon moderately filled with a grayish pul-taceous mass.

Internal lining of duodenum somewhat darker than usual; that of lower portion of jejunum slightly reddened in patches. In upper portion

of ileum injection becomes uniform and marked, and a tendency to thickening in the form of transverse parallel lines is apparent; throughout its lower two thirds, with the exception of an occasional interval of three or four inches, well-marked prominent ridges appear, completely encircling the cavity of the intestine, unless broken by the intervention of the patches of Peyer. At first these ridges are about half a line in height, the same in breadth, and three or four lines apart. About seven feet from ileo-cæcal valve they are more numerous, broader and more prominent; two and a half feet lower they attain their maximum, being at this point crowded thickly together, a line and a half in breadth and two lines or more in height. On their summits is a greenish-black deposit, which can be readily scraped off with the scalpel. The interspaces are brilliantly injected high up in the ileum, while its lower portions present a dark uniform congestion. The ridges do not exist within three or four inches of valve. The glands of Peyer are distinctly seen along whole course of ileum, like white patches, depressed, presenting the indented and dotted appearance, their mucous covering entire. Brunner's and isolated glands not discernible. No traces of ulceration in any part of small intestines.

In the cæcum the isolated follicles are seen appearing like minute dark points. Throughout the colon thickening is very marked, and appears in irregular elevations, blackened on their summits. In the interspaces is seen the same vivid injection noticed in the upper portions of ileum. Here and there are appearances of a lymph-like exudation, but which cannot be scraped off by the scalpel. These conditions are less marked in the transverse portion. The rectum is uniformly blackened and much thickened. A few superficial ulcerations of the size of a pin-head are scattered throughout the large intestine.

Mesenteric glands firm, varying in size from that of a millet seed to a large pea. Bladder normal.

Observations.—As we have before said, this sequel to the fever was of frequent occurrence and very fatal. It was commonly brought on by imprudence in diet during the latter stages of convalescence, especially if accompanied by premature exposure to cold and wet. But sometimes it could be traced to no satisfactory cause. The prophylactic treatment would seem to promise most. The avoidance of irritating purgatives at the onset, and the employment during the acute stage of the fever, as well as that of convalescence, of the oleaginous aperients sufficient to prevent constipation and expel irritating matters, and the free use of mucilaginous drinks, together with a strict confinement to a bland farinaceous and liquid diet, and freedom from exposure till recovery is complete, are measures which suggest themselves as important.

The average duration of the fever in the five cases adduced above, was sixteen days; that of the secondary affection, thirteen days; the period in the convalescence at which diarrhœa first manifested itself, was the nineteenth day; and from the first accession of fever, the forty-seventh day, which last two conditions would fall short were a larger number of cases given.

It will be seen that, in addition to the alterations in the large intestines,

certain well-marked and peculiar lesions found in the ileum characterize the pathology of the secondary affection. In all the subjects examined, these lesions were more or less developed. We find them very prominent in three of the five cases above presented, less marked in the other two; it is worthy of notice, that in the latter the preceding fever was milder and of shorter duration. It would seem that there exists an intimate connection between the conditions of the intestinal tract in primary typhus, and the changes which occur in the small intestine in the secondary affection; the latter correspond in situation with the uniform congestion and discoloration pointed out in the preceding autopsies of subjects that died in the acute stage of the fever.

Several beautiful colored drawings of these secondary lesions were made by Mr. Seager, of this city, from morbid specimens, soon after their removal from the body. Mr. J. A. Whipple was also able to preserve, by means of daguerreotype impressions, some excellent illustrations of the intestinal pathology in the above cases.

[To be continued.]

VACANCIES—PIONEER MEDICINE IN NORTHERN VERMONT—WHAT IS STUDY?

[Communicated for the Boston Medical and Surgical Journal.]

*Doct. ******

DEAR SIR,—In reply to your letter of the 10th inst., in which you ask for information in regard to “positive, or prospective openings for a physician,” in this vicinity, and in which you allude to the discouragements and hardships so commonly encountered on our entrance upon the practice of medicine; I most cheerfully respond to your intimation that our profession should be a “brotherhood”; and I deem it but reasonable that each member of this brotherhood should look to it, at least, for sympathy, in those emergencies, which, alas! but too frequently overtake us. My own position in the north-western corner of Vermont, though sufficiently secure to promise, for myself, what might be a moderately lucrative practice, is by no means such as to give me the influence necessary to secure it for another. Nevertheless, could I designate the place where one might find an “opening,” I might very properly direct you to the same, presuming on your ability to dispense with the patronage alluded to.

In this stage of reply to your letter, I am reminded of an incident in the life of my father, the late Dr. Benjamin Chandler, of this village, which, as it affords a glimpse of pioneer medicine in Vermont, may not be inappropriate.

Some forty years since, while I was yet a boy, a young gentleman, fresh from some southern college, with a medical diploma in his pocket, a tassel dangling at his boot-top, a yard of shirt frill pending from his bosom, and very little in his head, called on my father, who was known as the hearty friend and efficient patron of merit in his profession. “Doctor,” said the man of frills and tassels, “I’ve a notion that rural

life would please me. I tire of cities, and conventional restraints. In short, have made up my mind for the country. You will please direct me to a vacancy in this beautiful region of woods and rivulets and mountains." "Hem!" said my father, "we have abundance of vacancies in this vicinity; but the largest that occurs to me, at this moment, is Belvidere; a large town on the eastern side of Franklin county, beautifully situated on the western declivity of the Green Mountains, and containing, at present—not a single doctor." The young gentleman lost no time in traversing the country from west to east, where he succeeded in achieving an accurate survey of the town of Belvidere; whereupon, he returned in high dudgeon to my father. Not having been present at this last interview, no doubt, many of its most rich and racy passages were lost to me. This much I learnt, however, that the statistics of Belvidere, all told, clearly revealed an area of some forty square miles; one tenth of which, though at present densely covered with forest trees, was clearable; one fortieth part of which moiety had already been effected; three patches of potatoes, one of corn, and two of pumpkins; three families, comprising three legal voters, five women and fourteen children; three log cabins, roofed with birch bark, one pole-barn that had not yet aspired to birching, and two log fences; one yoke of red stags, four black sheep, a litter of pigs, and a bay colt; to say nothing of the balance of thirty square miles of imperishable granite that towered, in primeval majesty, on every side. "Indeed," said the doughty doctor, in conclusion, "I found nothing there, absolutely *nothing*!" "Oh! ah!" said my father, "I perceive—I beg pardon—I mistook. I thought you were inquiring for a *vacancy*." Of the gentleman's subsequent destiny and whereabouts, I was never advised.

Some fifteen years previous to the occurrence of this incident (which is *essentially* true), my father came to Franklin county, and found it, generally, answering to the description I have given of Belvidere. The first tenement he occupied, with his family, in a town adjoining this, was a pen of logs, hastily thrown up for the accommodation of a blacksmith's forge and anvil; but generously evacuated by the son of Vulcan, that the *doctor* might not be a "houseless wanderer." Honor to the craft! I never pass a smithy without lifting my beaver. *Vacancies*, forsooth! My father had enough of them—though he had no lack of patients. The vacancies appertained to the pockets of his patrons, and to his own stomach.

Twenty-five years since, there were yet vacancies; though not a very great disproportion between the population and the supply of, so-called, doctors. But there *was* a deficiency of well-informed and competent physicians. Alas! that the change, while it is life and health and happiness to the people, should be death to us! The truth is simply this. The present supply of physicians, for the county of Franklin, admitting them all to be competent, is considerably above the wants of the population. Admit that several of these fall short of the standard that intelligence and candor would demand for the safety of the people. Well—deduct *all* these from the list, and we have still left a full sup-

ply of intelligent and competent men, that would not suffer by a comparison with those who achieve reputation and patronage among the intelligent and virtuous of our most enlightened cities.

Although you are personally a stranger to me, I may reasonably assume, from the character of your letter, that you are qualified to succeed in our profession; even by the side of worthy competitors. You are in the midst of, or have easy access to, a dense population; and you have the poor, whom kindness and skill will always make your friends. The *poor*, I need not tell you, have constituted the basis on which the *highest* medical characters have been built. Had Providence so ordered your affairs as to have placed you here, under like circumstances, I would say to you, be quiet; at least, till a clear intimation of benefit by a removal appears. As it is, for the present let me advise you to remain where you are; and for your present guidance, I cannot better satisfy myself than by transcribing (in part) a letter recently written to a much-esteemed pupil, in a distant city, in answer to inquiries of a character like your own. You are a little in advance of my young friend in professional life; but the difference is unimportant.

* * * * * “If your own list of patients becomes a blank; in other words, if you cannot *practise*, there are methods, compatible with honor, by which you can see the practice of others. Accomplish all you can, even among the purlieus of poverty and vice itself; and don't let your intellect rust. You complain of poverty and desertion; but though they are stern preceptors, they have turned out some of the ablest pupils the world ever saw. Hunt out disease, wherever you can find it; search for its best descriptions in books; cure it, if you can; write about it. And remember that severe thought and labor will not be lost, if employed in any other direction. Labor cheerfully, and diligently, and vigorously, and you will find your reward in the grateful consciousness of increased tone and energy of mind. Persevere. O how much I lost, at your age, and for long and subsequent years, by yielding to despondency. It enervates the mind. It begets and fosters indolence. Worse—it corrupts, where, alas! little temptation is needful to compass our ruin. Make an effort, therefore, in *some* direction. If you can do nothing else, you can read, and reason, and write. And after you have convicted yourself of ignorance and folly, as no doubt you will, you can write, and reason, and read again; no matter on what subject, if it be a legitimate object for intellectual labor. The artisan who developes the muscles of his right arm at the anvil, will find his account in it when he has occasion to wield a war club. Maintain self-respect. That is a trite precept; but don't think lightly of it. You are dependent for this, neither on splendor of apparel nor equipage; but purity of life and conversation are indispensable.

* * * * * “What a change will sometimes come over us in a single hour! After a brief interruption, I return to my letter; having first reviewed what I had previously written—and I am wondering whether the “pupil” may not be the Mentor who is belaboring the quondam Preceptor! There *is* a Mentor at my ear, that saith, ‘Pre-

ceptor, reckon thine own rede.' And there is a croaking bird, of evil omen, and sable pinion, that is flapping the dismal response, 'Preceptor, *thy spring time is past*. Think not to swell the stunted ear by delving in the frosty soil of the latter harvest.' The Preceptor's heart may well quail—but let the pupil take heed. Toil on, then, with unflinching purpose, devoting every hour, not needed for repose, to labor. But what is labor? Need I tell you it is not reading. It is not visiting patients. It is to purpose, and *to do* everything that can invigorate the mind, and that can minister to the attainment of useful knowledge. How many in our profession (and not in ours only) are contented to read *so many* pages—or to see *so many* patients per diem! The measure of their usefulness to their patients may be taken in furlongs. The product of their per diem reading is measured by the cobbler of breeches, when he snips the patch for the tubero-ischial region of the student's nether tegument. Much, very much *such* reading have I perpetrated in my day. I charge you—never read, without proposing to yourself some higher aim than the per diem amount of pages. A *certain style* of dress—and a *certain measure* of expenditure—we are too ready to regard as important to the attainment of reputation and patronage. It may be true, in regard to those conventional trifles which a *man* may miss, without consciousness of loss; but what are these to the long years of toil, and character, and fruition, which he hopes to achieve!"

With the best wishes for your health and happiness, and with bright hopes of your success in our profession, I am cordially yours, &c.

St. Albans, Vt., Jan. 15, 1848.

J. L. CHANDLER.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 9, 1848.

Meeting of the Medical Council.—Pursuant to notice, the Counsellors of the Massachusetts Medical Society met at the Masonic Temple, on Wednesday last, Dr. Howe, of Billerica, in the chair. Dr. Peirson, of Salem, chairman of a committee appointed at a former meeting, read various letters from physicians in other States, which gave a general idea of the plan of organization of neighboring societies, and concluded by presenting a report, signed by a majority of the committee, which recommended a resolution to the effect that the subject of a proposed re-organization of the Society be indefinitely postponed. Dr. J. V. C. Smith read a minority report, embodying the principles embraced in the preamble and resolution of Dr. Childs, of Pittsfield, at the last session of the Council. The proceedings of the committee were read, including the resolution of Dr. Jennings, recommending a revision of the charter. On motion of Dr. Jeffries, of Boston, the report of the majority of the committee was accepted, forty-two counsellors being present—twenty-five voting in the affirmative and four in the negative. Voted, that the subject of the preamble and

resolution offered by Dr. Childs, be indefinitely postponed. Voted, that the minority report be received and printed in the transactions of the Society. On motion of Dr. Peirson, resolved, that a committee be appointed from among the Fellows of the Society, to consider and report, at an adjourned meeting of the Counsellors, if any and what alterations are necessary in the charter and by-laws of the Society—and the committee consists of Drs. John Ware, Boston; Peirson, Salem; Lewis, Jeffries and J. V. C. Smith, Boston; Dalton, Lowell; and Childs, of Pittsfield. Dr. Adams, of Boston, from the committee on registration, made a report, which was accepted. Dr. Shattuck, of Boston, from the committee to fix upon the number of delegates to the American Medical Association, to be held in May next in the city of Baltimore, reported the names of fifty, which was accepted. Dr. J. B. S. Jackson communicated a proposition of the Hartford (Conn.) Medical Society; and the meeting was adjourned to the Tuesday preceding the last Wednesday of May.

Oleum Jecoris Aselli.—From the circumstance that the profession in Europe are giving unusual attention of late to the cod-liver oil, and that the New England physicians are as ambitious as their brethren in other places to avail themselves of all new agents, it may be serviceable to them to mention that Mr. E. Souther, druggist, in Green st., opposite the head of Staniford street, in this city, manufactures the article—and his specimens are excellent. His process is very exact, and being conducted under his own eye, the quality is not to be questioned. Livers are procured from the fish immediately on being caught, and are not partially decomposed, as they too frequently are, before being manufactured. In strumous diseases, a degree of confidence is placed in the cod-liver oil, that encourages its further use. Its importation hereafter is absurd, since, probably, a better oil is made at home, than can be produced in England or France.

Extractum Taraxaci.—We have seen a specimen of this useful, but too much neglected, medicinal article, prepared by Mr. H. K. Hinkley, of Portland, Me., and it should be mentioned to his credit that he rivals the best English chemists in the preparation of the article. Mr. Hinkley, who has a thorough training as an apothecary, avails himself of steam process—the roots being fresh and clean. The demand appears to be constantly increasing, and should there be no falling off in the quality, the encouragement is calculated to lead to farther improvements in the method of making the extract on a large scale. There can be no doubt in regard to the excellent quality of the root, so far at the north east; and it is possible that the good medicinal properties of the Portland manufacture is due, to some extent, to that circumstance. All extracts made in northern latitudes are probably much superior to those manufactured in regions where plants have a rapid growth, the juices of such being far more watery.

Female College of Midwives.—A woman, who is gaining some notoriety by being associated with a man to whom we have before alluded in the Journal, both of whom are delivering lectures here and there, and everywhere, on the immense importance of driving medical practitioners from

obstetric practice, addressed a long letter, recently, to two very rich and truly benevolent merchants of Boston—beseeching them to furnish the funds for establishing a college for educating midwives, in which degrees should be conferred. She appears to be a one idea person, who considers this to be the only thing wanted to restore harmony to a jarring world. If she were appointed presidentess, and first professor of *talking down the horrid doctors*, the institution would fully meet the views of herself and Mr. Gregory. Physicians would unquestionably be gratified to have well-instructed female accoucheurs in the community; and it is well known that the late Mrs. Alexander, of Boston, who was expressly educated in Edinburgh for that profession, was uniformly treated with marked courtesy by the profession. But there is a great gulf between a woman of her prudence and excellent moral and educational qualifications, and a travelling female reformer who is trying to stir up the fountains of the deep with a secret hope of being persecuted into fame, with neither the talent, tact, or qualifications for being a leader in any enterprise. More honor would accrue to such a one by heroically abandoning the labors in which she is engaged, and no longer persisting in a course that makes herself, as well as the cause she advocates, the theme of absolute contempt in all well-bred society.

Births, Marriages and Deaths in Massachusetts.—Another official report relating to the registry of these events in this Commonwealth, from the Secretary of State, for the year ending April 30th, 1847, has been published. It shows that labor has been expended in the tabular arrangement of the returns, but it is unsatisfactory on account of their being so very incomplete. A half a loaf is admitted to be better than none, for a hungry man; but in statistics, half or two thirds of the whole will not answer. However, good progress is making in registration, so that some forty years hence town officers may be induced, by active legislation, to inform the proper officials of the exact number of deaths, marriages and births, that have occurred within their jurisdiction within a given period. There is some curious matter, nevertheless, in this report.

Journal of Health and Practical Educator.—On the commencement of the third year, the editor, Dr. Cornell, speaks of his flattering prospects, and appears well satisfied with the patronage given to the publication. As indicated by the title, a portion of the pages are devoted to education; and by thus addressing a class of persons by no means small in our community, the circle of intelligent readers is probably very much extended. The editor certainly has our good wishes—and we doubt not that his efforts will increase the measure of his own happiness, while enlarging the sphere of knowledge for others.

Paine's Optometer.—MR. EDITOR. Sir, knowing the pleasure you experience in presenting to your numerous readers anything new in the arts and sciences, I take the liberty of calling your attention to the Optometer, an instrument invented and just perfected by Mr. John P. Paine, Optician, of this town. By the use of it, the adjustment of spectacles to suit the various stages of impaired vision, is reduced to a science, so that the least

defect (whether it proceed from unequalized vision, contraction of the muscles, cataract, or, in fact, any cause but absolute blindness) is detected, and the lenses so adjusted as to equalize the vision and enable the wearer to see with perfect ease and equality. The construction of such an instrument has long been a desideratum with opticians, but has not been accomplished until the present time. Some of our most scientific men have examined and tested its operations in various instances, and declare it to be invaluable for the purpose its name signifies, viz., an

EYE GAUGE.

Worcester, Mass., Jan. 24, 1848.

The editor has leisurely examined Mr. Paine's invention, and without hesitation we express our belief that it is not only a very ingenious, but a very useful, instrument, and is destined for an extensive reputation, when fairly brought before the public. A drawing would assist in giving a general idea of the construction, and if accompanied by a description of the parts, would tend to bring it sooner into general use. Every optician in our large cities would find his account in having an optometer in his establishment.

Ænanthic Ether—Effects of Chloroform on the System.—Dr. Holland, of Westfield, Ms., in a note to the editor, writes as follows:—

"Through your Journal I would bring into notice ænanthic acid (oil of wine) as in Hoffman's anodyne. This acid is described in most recent chemical works; fully by M. Dumas in the 7th vol. of his *Traité de Chimie appliqué aux arts*. I am inclined to the opinion that this wine oil or ænanthic acid is the result of a peculiar fermentation, in which the alcohol of the vinous fermentation is partly transformed, by the organic acids present, into this ænanthic acid. This certainly is the case when cider fermentation is arrested by the addition of alcohol or proof spirit in making "cider oil," a liquor of our country. The ænanthic oil, dissolved in ether or alcohol, is a peculiar antispasmodic and anodyne, and used with success when narcotics fail. Ænanthic ether, easily made from the acid, has the peculiar flavor of the epicarp of quinces, is very agreeable, and its vapor is powerfully intoxicating (see Dumas, vol. 7th, page 84), has much the advantage of ordinary sulphuric ether for inhalation, and not the destructive composition of the perchloride of formyl. Its composition is:—Carbon, 36 atoms; 1375.86 per cent.; 72.39. Hydrogen, 36 atoms; 224.63 per cent.; 11.82. Oxygen, 3 atoms; 300 per cent.; 15.79. Its vapor density is 10.508. Fluid density, 0.862, or a little exceeding alcohol in its range. Your city has the honor of reviving pneumatic agents, and I wish I could excuse them from the "green-ness" of administering chloroform, the composition of which is so highly objectionable—88.927 chlorine; 11.073 formyl. Chlorine (Green) is very suffocating and destructive of life when free, and its union with formyl is too feeble for my use. The formiates are an accidental product in the manufacture of the yellow prussiate of potash, which I have manufactured since 1834. Neither precedent or argument could induce me to "snuff" any considerable quantity of chloroform. Sulphuric ether and ænanthic ether may be used safely. Ænanthic ether must be preferable, for its volatility, stability, as well as agreeable odor, will make it to be chosen, besides its more prompt and perfect intoxication and insensibility. Your Boston chemists can prepare it in any desirable quantities."

Having shown this communication to Mr. Hayes, the celebrated analytical chemist, of Lowell, late of Roxbury, he unhesitatingly states that Dr. Holland is laboring under a decided mistake as to the effects of chloroform, and that it is not injurious to the system.

Singular Malformation.—Dr. E. Clark, of Portland, Me., states in a newspaper, that on a *post-mortem* examination of the late Rev. Jason Whitman, who died of pleurisy, the heart was found in the right cavity of the thorax, its apex inclined to the right, the two lobes of the left lung filling the left cavity. The right lung had only two lobes, the place of the third being occupied by the heart. The liver was in the left side, its reversed form suited to the left hypochondrium. The position of the stomach was reversed, the small end to the left, the large towards the right side—the latter, with the spleen, occupying the usual place of the liver. The large intestines were in the left side of the abdomen, passing from the left to the right. The sigmoid flexure was in the right side. The great omentum was wanting. All the organs of the abdomen were healthy, but reversed.

The Dublin Dissector.—Messrs. Wood, of New York, medical publishers, announce that they some time since put a copy of this work into the hands of an eminent anatomist for him to edit, intending to re-publish it as soon as may be.

A State Medical Association in Alabama.—We learn that at a convention of the physicians of Alabama, held on the first of December in Mobile, a State Medical Association was organized. The meeting was numerously attended. Dr. Wooten was appointed to address the first assembling of this Association in March next.—*South. Med. & Surg. Jour.*

Decoction of the Cotton Plant to promote Uterine Contraction.—Dr. Blackburn, of Barnesville, writes us that he has used a strong decoction of the roots of the cotton plant, in two cases, with successful issue, where ergot had failed.—*Ibid.*

TO CORRESPONDENTS.—The indulgence of writers of various papers is again asked. In addition to previous communications, we have on hand "Chloroform at Bellevue Hospital," Dr. Phelps on the "Bite of the Rattlesnake," and Dr. Chandler on the "Nostrum Trade."

The copies of this Journal sent to Canada, have of late been discontinued on account of the new post office regulations.

The chloroform inhaler, alluded to in No. 25, is for sale by Mr. Goodrich, No. 25 Court st., instead of Gregory & Co.

New Books Received.—A Defence of Phrenology, by A. Boardman, has been on the table for more than a week; yet it has not been convenient to give the work that attention which its literary and philosophical character demands.—Boston Lunatic Hospital Report, for 1848.—Man-Midwifery exposed and corrected.—The New Jersey Medical Reporter and Transactions of the New Jersey Medical Society.—Address on the Bonds of Professional Union, by Dr. Harrison, of Ohio.—The Edinburgh Phrenological Journal.—A Treatise on the Nature and Treatment of Seminal Diseases, impotency, and other kindred diseases. By Homer Bostwick, Surgeon, of New York.—Ophthalmic Memoranda respecting those diseases of the eye which are more frequently met with in practice. By John Foote, &c., London. Republished by S. S. & W. Wood, New York.

Report of Deaths in Boston—for the week ending Feb. 5th, 57.—Males, 28—females, 29.—Stillborn, 4. Of consumption, 13—typhus fever, 10—lung fever, 4—scarlet fever, 1—canker, 1—dropsy on the brain, 2—intemperance, 1—brain fever, 2—paralysis, 1—accidental, 1—inflammation of the lungs, 2—disease of the bowels, 1—croup, 3—pleurisy, 2—scrofula, 1—disease of the heart, 2—diarrhoea, 2—dysentery, 2—child-bed, 4—infantile, 1—disease of the liver, 1.

Under 15 years, 14—between 5 and 20 years, 4—between 20 and 40 years, 24—between 40 and 60 years, 12—over 60 years, 3.

Medical Miscellany—It is said that the Health Officer of the city of New York received for fees, in 1847, \$40,000! In Boston, the salary of the officer, doing precisely the same duty, is \$1400—and he is physician of the Jail, and vaccinates all the poor, besides!—A bill has been before the legislature of New York, which proposes a fine of \$25 for selling adulterated drugs and medicines, if known to be such, and the same fine where the ingredients of a compound are not stated on the label, in legible English, but it was finally lost by a decisive vote.—A physician in London is represented to have an income of \$169,000 per annum.—Vera Cruz is now tolerably healthy, although cases of yellow fever are occasionally occurring in a mild form. The past season, however, the scourge has been dreadful in that city.—The Governor of the State of New York nominated a young Dr. Whiting to the profitable post of Health Officer of the city of New York, but the Senate have not sanctioned it, and Dr. Childs has been temporarily appointed by the board of Health, as the law requires under such circumstances.—Refreshments for the Medical Board at the New York Almshouse, for December, \$43.—Dr. John H. Griscom, of the same city, has been chosen Chairman of the Board of Immigration—Cholera is evidently decreasing at St. Petersburg; only 175 cases occurred in the last seven days of December; 118, however, terminated fatally. In the provinces, also, it is thought to be subsiding.—Out of a population of 33,000,000, in France, 400,000 are in rags; 200,000 never wear shoes; 1,800,000 never eat wheat bread; and 300,000 are forced to abstain from animal food from poverty.—Narrow chests and diseased lungs are scarcely known at an elevation of 9,000 feet above the level of the ocean—which is the altitude of the city of Mexico. It is curious that animal substances never become putrid there, notwithstanding its proximity to the equator—Dr. Greene, of Greenfield, Mass., has amputated a thigh, and reduced a dislocated humerus, the patients being under the influence of chloroform, and both operations terminated satisfactorily.—Prof Simpson's pamphlet on the Use of Chloroform, with an appendix, has just been published by Wm. B. Little & Co., chemists, 104 Hanover street. Readers are referred to their advertisement in this day's Journal.—140 Students are in attendance on the Medical Lectures in Harvard University, the present season.—Dr. Greenleaf, whose death was mentioned in last week's Journal, lost his life in consequence of poison received, through a slight abrasion of the skin, while dissecting.

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July 28—eop

G. L. COLLINS, *Secretary*,

Providence, July 12, 1847.

No. 48 South Main Street.

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BEING a combination of the Spinal, Abdominal and Shoulder Brace; which in the manner of application, simplicity of style, and the ease and relief given, promises to supersede all other inventions for the relief and cure of Curvatures of the Spine, Pain and Weakness of the Back and Sides, Abdominal Weaknesses, and indeed all cases of the kind susceptible of relief by mechanical support. It is particularly applicable for people of sedentary habits, stooping posture, round shoulders, &c., attended with weak lungs, as it keeps the body erect and sustains the spinal column and keeps it in its natural and upright position, draws back the shoulders, elevates and sustains the abdominal viscera and expands the chest, thereby giving a free action to the lungs and other internal organs. For sale by JOSEPH BURNETT, No. 33 Tremont Row, Boston. Jan. 6.—tf

BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE Co., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, Tremont street.

A. L. STIMSON, *Secretary*.

THOMAS TARBELL, *President*.

DR. G. H. LYMAN, *Consulting Physician*.

\$29—tf

A PHYSICIAN,

ENGAGED in an extensive professional business, in a populous and wealthy part of the country some twenty miles from Troy, N. Y., wishes to dispose of property, consisting of a house and lot with the good will of his patrons. Inquire of the editor of this Journal. Dec. 1—tf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, FEBRUARY 16, 1848.

No. 3.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.—NO. II.

BY F. WILLIS FISHER, M.D.,

SANGUINE TUMORS—TRANSFORMATION—TREATMENT—WOUNDS—WHAT RENDERS THEM DANGEROUS—THEIR COMPLICATIONS.

THE other constituent element of contusions is the sanguineous effusion. The blood accumulated forms a disease, which terminates in a manner nearly independent of the contusion. This complication ought to be studied by itself; for it has a special march, particular consequences and treatment. How is the accumulation formed? The mechanism does not differ from that of infiltration; but the action of the part where the blood is found solicits the adjoining tissues to a labor which results in thickening them, and causes them to lose their permeability. A tumor is thus formed, and in no part is it formed with as much facility as under the skin; and this tumor once formed, rarely disappears by resolution, but remains indolent and invariable, and may not undergo any change for months or years. The neighboring tissues are thickened and hardened, and their density being much increased, causes us to suspect a disease of the bones. The thickened, indurated and defined borders of these tumors communicate to the touch the sensation of a depression of the bones beneath, and an erroneous diagnosis has been the result. The operation of trepanning the cranium and other bones even, has many times been performed in consequence of this error of diagnosis. Mr. J. L. Petit was the first to point out the source of this error and to demonstrate that the peripheric induration and the central softness and fluctuation were the causes of it. What Mr. Petit has said of the cranium, is seen everywhere else, but in no part so well as in this region. Around the sanguineous deposit is formed a hard lardaceous mass, which gives the idea of a cartilage. We have seen in the wards seven or eight cases of these sanguineous tumors. One of their principal characteristics is their remaining always in the same state; they may sometimes be re-absorbed, though very rarely; some result in inflammation, and form an abscess, a sanguineous phlegmon, otherwise they always remain without manifest alteration. In some patients the effused blood remains fluid; the coloring matter may diminish in quantity, and gradually disappear, and even if the solid parts have disappeared, in place of a sanguineous we have a serous tumor containing a liquid similar to that of hydrocele. Something the reverse of this may happen; the serum may nearly

completely disappear ; the blood, at first liquid, becomes entirely concrete, and it is these kinds of tumors that were for a long time confounded with wens. In these tumors the fibrine is found more or less solid and discolored, and most frequently the serum and the clot, instead of remaining distinct, one from the other, are mixed in a more or less equal manner, and there results a more or less solid mixture, a thickened pap, resembling chocolate in which some soft bread has been macerated. These transformations are found not only under the skin, but in all other parts, in the mucous bursæ, the joints, &c. The foreign bodies of the joints and the mucous bursæ, the hydatidiform bodies in the regions of the palm of the hand, the small bodies of the articulation of the wrist, which resemble kernels of rice or half-cooked barley, are often transformed sanguineous effusions. Blood is effused, no inflammation arises, the coagulated blood is ground by the movements, and the result of this grinding in an unctuous liquid is the complete isolation of the different fragments ; they become hardened from the pressure, their surface becomes smooth, they are discolored, and rendered pliant and hard like small cartilaginous bodies.

Sanguineous effusion, a consequence of contusion, may be the origin of numerous other diseases. We have spoken of transformations ; but when blood is effused in the different tissues, the different parenchymæ may for a time remain in this condition, and afterwards take on another form. Who knows if cancerous tumors are not often formed thus, for how many patients are there who impute their cancerous tumors to a contusion or blow. Sanguineous effusions, then, are one of the great facts of surgical as well as medical pathology. The treatment is different from that employed for infiltration, and at the same time similar to it. In cases of infiltrations active treatment is not always necessary, for they may disappear without treatment ; the blood, once infiltrated, is resorbed. However, as it is not prudent to leave the large infiltrations to themselves, as they may cause sanguine tumors, we have recourse to resolatives, sanguine emissions. These emissions should be rather general than local, the effect of which gives an increased activity to the absorption, and the resolution of the sanguine infiltration ; topical resolvers should also be employed. In such cases, this treatment succeeds only in the first month ; after this lapse of time, we cannot hope anything efficacious from it. If inflammation is declared in the tumor, we employ the treatment for inflammations, that is, leeches, opening it, &c. Sanguine bunches once arrived at this state, cannot terminate by resolution. If there was no inflammation there would be no occasion to employ leeches ; notwithstanding, practitioners often employ them without knowing their effect. But if the employment of leeches is useless, there is also another kind of treatment which is dangerous, and which is moreover employed by skilful surgeons, namely, the incision. We have seen, in the ward for women, a patient who had a sanguine bunch on the cranium, which had been opened by an able surgeon. She entered the wards after this operation, affected with an erysipelas, of which she died in four days. Thus, we see there is danger in this operation. When an inflammation, consequent on the

operation, is established in a tumor infiltrated with blood, a sanious supuration arises, which is favorable to the establishment of diffuse phlegmons, often, that may promptly produce death ; whilst, if it be not opened, the tumor may remain indolent many years.

According to the experience of Velpeau, the most successful and least dangerous method of treating these tumors, is that of crushing them. It is easy to crush these sanguine bunches when they are superficial, or rest upon a resisting surface, as the cranium, bone of the leg, &c. The osseous plane serving as a support, pressure is made upon the lump with the palm of the hand or the fingers, either violently or gently, and it is thus crushed. The effect of this is to transform the sanguine bunch into a simple infiltration, and by appropriate means, or even by itself, it is easily cured ; besides, the crushing is not generally very painful. There is another advantage attending this operation ; it is productive of no wound, no inflammation, the disease marches alone and without complication. Sometimes we have thick, hard, solid tumors, difficult to crush ; then, it is necessary to divide the mass, by a sub-cutaneous incision, and after this we can easily crush the separated lumps. If the sanguine tumor is of another nature, the operations for its cure vary. If the contents are very liquid, we may make a puncture and use an iodine injection. If thick and concrete, and it is actually necessary to cure the tumor, it must be extirpated. Contusions may also be accompanied by numerous accidents, which we shall consider hereafter, because they constitute special diseases.

Wounds.—There have been thirty-three individuals with whom wounds constituted the principal disease. Only one of these patients has died ; he had a pleurisy. These wounds have generally been accompanied by other diseases, for it is rare that wounds are absolutely simple in their nature. There were twenty-two cases of wounds with contusions ; in five cases there was considerable swelling ; two were made by fire arms, and five by cutting instruments. There have been eleven wounds of the cranium, six of the face, seven of the thoracic, and nine of the abdominal extremities. Nothing is more complex than wounds, and their nature varies according to their extent in surface, their depth, the tissues and regions where they exist, and the causes which produce them. Wounds are generally the less simple, according as they are less in extent. There are many exceptions, however, to this rule. A wound of three inches in length will sometimes heal quicker than another of an inch, if the first is made by a cutting instrument, if its edges are neatly divided, and if the second has irregular and contused edges. Wounds vary much according to their depth, and here we have something complex to examine.

There are some very deep wounds which are not dangerous ; for example, a wound of the hand, of half an inch in depth, is more grave than one of the thigh of three inches in depth. Why ? Because the thigh, in having a greater thickness, the wound may affect only the skin and sub-cutaneous cellular tissue, whilst in the hand there may be a lesion of the skin, the cellular tissue, the aponeuroses, muscles, tendons,

nerves, vessels, and bones. The gravity of wounds, also, varies according to the tissues affected, and the variety of tissues injured augments the gravity. Wounds of the skin and the sub-cutaneous cellular tissue are not generally grave; their gravity augments when the aponeuroses, muscles, nerves and blood vessels, are involved. We must also consider separately the tissues exercising a distinct function. Thus, a wound of a muscle may cause the loss of its function; a wound of a nerve, a partial or entire paralysis; a wound of an articulation is always serious; that of a splanchnic cavity, still more; if the lesion penetrates even to the bone, the bone may suffer a fracture.

The region where a wound happens is also an important circumstance to note. Thus, a wound of the arm is less grave than one of the shoulder. Wounds of the abdominal members are not so grave as those of the thoracic members. Wounds of the head are generally grave. Those that we have seen, have caused erysipelas, angioleucitis, diffuse phlegmons, and effusions of blood; two patients fell into a state of stupor; in two others, cerebral accidents occurred; and in one case there was gangrene. Erysipelas has occurred nearly as often in superficial as in deep wounds. This complication of wounds, is more frequently manifested in certain regions; thus, we have seen three cases of erysipelas of the cranium and one of the face, and this erysipelas as a complication of wounds is more grave than spontaneous erysipelas. Angioleucitis is manifested both in superficial and profound wounds. If we pass to inflammation, we see that diffuse phlegmon occurs frequently in deep wounds, the reason of which is obvious.

Gangrene is manifested both in superficial and deep wounds. There has been one case of gangrene; the wound was superficial, but the skin was turned over in a flap, and torn from its vessels, and it was not astonishing that it should have mortified; nevertheless, gangrene generally happens rather in profound wounds. A paralysis, either from a wound of the muscles or of the nerves, ordinarily supposes a tolerably deep wound. Moreover, serious hemorrhages from rupture of the arteries happen only in wounds of a certain depth, for these hemorrhages can hardly be furnished by the arteries which are not even sub-aponeurotic. Every wound of the head which affects the skin, the cellular tissue, the aponeuroses, &c., predisposes to erysipelas, to angioleucitis, and especially to diffuse phlegmon. In one case the integuments of the cranium were stripped off. Formidable accidents may happen to the brain, and these accidents may terminate fatally.

We see that there are certain complications attending wounds, which vary according to the seat of the wound, and the manner of its formation. Thus, at the external orbital apophysis the wound is generally made not by the body which comes in violent contact with the orbital projection, but by the bone beneath. This acts as the cutting instrument, and the tissues are cut from within outwardly—and the wound thus made is much more extensive and severe than that caused by a cutting instrument from without inwards, for the deep-seated tissues are more exten-

sively destroyed. Wherever there are osseous projections, wounds may be produced in this manner, as at the wrist, the knee and heel. In a wound which is thus produced from within outwards, the matter effused not being diffused, will be accumulated in a limited place, and almost assuredly an inflammation arises, pus will be formed and spread into the adjoining tissues. Nothing disposes more to diffuse phlegmon than these wounds. Thus we often see diffuse phlegmon complicated with wounds of the external orbital apophysis, and which almost always happens on the side of the upper eyelid, where the tissue is supple, loose and favorable to infiltration, while above it is dense, filamentous, little favorable for the march of inflammation. Surgical anatomy, the importance of which is very great, and by which we are able to resolve a crowd of problems, clearly indicates to us the reason of this.

In our next, we shall speak of inflammation, one of the most common affections that occur in medical and surgical practice.

STATISTICS OF OBSTETRICAL CASES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the statistics of 304 obstetric cases, occurring in my practice during a few past years in which record was kept. They may add a little to the stock of information on the subject, or, not attaining so much, may serve to amuse. There is one thing, however, which cannot fail to encourage the young practitioner, who designs settling down to a country practice (as mine is emphatically), and that is, the great preponderance of uncomplicated cases, and the number of vertex presentations.

Of the whole number, 289 were born at the full period of gestation, 13 at 7 months, and 1 at 8 months. Of the presentations, 230 were the posterior fontanelle to the acetabulum; and of these 117 were to the left, and 113 to the right acetabulum. Five cases presented the anterior fontanelle, bringing the face under the arch of the pubis, and none of the 5 required assistance from art, neither was any child lost with this presentation. The presentations of the *breech* were 3; of the *knees*, 2; of the *feet*, 7. In one of the vertex cases, the funis presented; but as the labor was rapid and pelvis roomy, no mischief was done the child. The stillborn cases amount to 14; and of these, 6 had been dead so long before delivery, that the cuticle peeled off during labor. Of the remainder, 3 were at 7 months; 2 were acephalous monsters; and the other 2 died during labor, 1 a footling case, and the other a vertex case, where the shoulders were very large, and the pains suddenly ceased after the head had passed the vulva, and could not be aroused again for a full half hour. There was severe hæmorrhage in 6 cases, after de-

livery, but none fatal. In 1 of the 6, symptoms like those described by Marshall Hall from excessive loss of blood came on, and were cured by the means indicated in his work. The *means* employed in these cases were—the instant introduction of the right hand into the cavity of the uterus, to provoke contraction and remove the placenta and clots if they were there, with vigorous friction and support from the left hand upon the abdomen, conjoined with cold water or cold spirits to the abdominal surface; and as soon as I could leave the seat, a dose of *tinct. opii* and *tannin*, or *acet. morph.* and *acet. plumb.* After contraction was secured in this manner, a dose of ergot has been generally given to *maintain* it—whether with much benefit, is to me *very doubtful*. No ergot was in any of these cases given before delivery of the infant—and it can never be depended upon in rapid flooding without contraction, for the reason that from fifteen to twenty minutes *must* elapse before we get its specific effects (and frequently a longer time, if we get them at all); a time sufficient, in severe cases, to induce fatal collapse.

Hour-glass contraction occurred in 6 cases, and one of these belonged also to the 6 cases of severe hæmorrhage. Little difficulty was found in these cases in gently and *slowly* insinuating the hand into the womb, very steadily overcoming the stricture, seizing the placenta and bringing it to the os uteri, where it was always left and the hand withdrawn, and the operation finished by gentle traction at the cord, assisted by hooking along with the finger, and the contractions of the uterus, which in no case have failed to come on promptly after overcoming the unnatural stricture. In none of the 6 cases were any unpleasant after symptoms developed. No case of adherent placenta has been met—and I am strongly inclined to the belief, that many reported cases of that difficulty, especially among young and inexperienced practitioners, are merely cases of *retention* from unnatural contraction.

Two cases (alike) of acephalous monsters, with *faces* upon the top of the chest, have been met. Both presented the feet, and both were stillborn.

The forceps were applied in *one* case where the head had lain several hours against the perineum, making no progress, and the pains and patient wearing out.

Puerperal convulsions were present in two cases; one fatal, and one cured. Two cases developed puerperal fever; one fatal, the other cured. One case of *spina bifida* was met, proving fatal in about two months. There were two cases of imperforate anus. Both died in about a week. Two cases only of twins.

U. POTTER.

Hallsville, N. Y., Jan. 18, 1848.

PROF. PAINE ON THE USE OF TOBACCO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have been quite entertained with a series of late articles in your Journal, upon the history of tobacco, from the pen of Dr. Tabor, and

as I turned over the pages of your number of January 19th, in quest of another similar entertainment, my eyes fell upon the concluding paragraph of a communication from Dr. B. Smart of Philadelphia, in which he says—"At New York, I stepped into the University, and heard Dr. Paine, of Bowditch and Louis celebrity;" and he might have added, who has overthrown the British and Foreign Medical Review, paralyzed Dr. Carpenter, and struck terror into the schools of medical materialism. The main object of Dr. Smart's remarks is to make Prof. Paine contradict himself on the small affair of certain facts relative to tobacco, by representing the Professor as having said to his class that tobacco is a "most deadly poison, and very dangerous to be used, even in small quantities, as a medicinal agent, and dissuaded them from ever using it in this way; yet he concluded by asserting that there was no satisfactory proof of its ever having been productive of injurious effects on the human constitution, when used with moderation, as a luxury."

Now, as Professor Paine said no such thing as is stated in the latter clause of the foregoing quotation, and as this now becomes a question of veracity between two witnesses, with your permission, Mr. Editor, I should be pleased to sustain my own ground by quoting the real opinions of Prof. Paine upon the subject in question, as already before the public in his "Institutes of Medicine." On turning to the Index of that work, I find, under the word *Tobacco*—"its limited use as a luxury *admissible only in health*." Here we are referred to a *note* at page 718, and here I have found what fully answers my present purpose, and what many will think an interesting appendix to Dr. Tabor's communications. I shall not hesitate, therefore, to transcribe it for your Journal, and commend it particularly as a morsel for the "scientific cormorants."

"The fascinations," says Prof. Paine, "which attend tobacco as a luxury, led to its extensive use as a remedy for disease; and the question arises whether, from what is now known of its pernicious effects when applied to the gastro-intestinal mucous membrane, and even to the skin, in health as well as disease, its moderate use as a luxury can be justified by the physician? This question I shall briefly investigate for another purpose, also, that of illustrating yet farther certain peculiarities of remedial agents in relation to vital habit.

"There could be little doubt, upon principle, that the various modes of using tobacco would be detrimental in most conditions of disease, on account of the increased susceptibility of organs. But it would still be a question of facts in relation to this particular agent. The requisite facts are before us, and are *decisive against the luxury in morbid conditions*.

"But this does not prove that the use of tobacco will injure the health of those who are in the possession of health. We cannot reason, as I have endeavored to show, from the effects of remedies upon man in health to man in disease; excepting as it respects their violence when manifested in healthy subjects. Of this principle tobacco affords a very full exemplification, and shows that the principle is equally true in its opposite aspect, and that we may not reason from the effects of an agent which is deleterious in disease to its effects under the condition of health; as, indeed, is shown by food itself.

"We must, therefore, take the facts in all the cases, and what other facts teach us as to the constitution and laws of organic beings, and as agents operate upon different parts. With this kind of philosophy we are enabled (unexpectedly, according to the usual method) to decide that the moderate use of tobacco is *rarely deleterious in health*, and has therefore but little, if any, tendency to abbreviate life. The laws of vital habit, as well as observation, enable us, also, to know that the habitual, is safer than the interrupted, use of tobacco; so, only, there be no excess. The insusceptibility, which the continued use establishes, soon passes off on suspending the influence, and leaves the individual more or less liable to nauseating and other morbid effects, on resuming the luxury. If this be often repeated, it would probably lead to chronic or other forms of disease.

"There is, therefore, a remarkable difference between the ultimate effects of the habitual use of tobacco and of most other poisonous agents of the *materia medica*. The narcotics, for example, are constantly morbid, while continued in their moderate therapeutical dose, though less so by use than at the beginning. But this is not true of many of the ordinary causes of disease, which observe a coincidence with the effects that arise from the habitual and the interrupted use of tobacco. The miasmata which lay the foundation of fever are examples. This brings into view the differences in the vital constitution of different parts of the mucous system, and the examples are clear illustrations of those distinctions; since, in the case of the poisonous agents of the *materia medica* (including tobacco) they exert their influences upon the mucous tissue of the stomach and intestine, while tobacco, as a luxury, and miasmatic agents, are mostly operative upon other parts. The same is seen in the skin, since tobacco will not establish the habit of endurance in that organ. Tobacco is also another witness, in its associated aspects as a luxury and as a poison, against the doctrine of operation by absorption."

New York, Jan. 25th, 1848.

I remain, Mr. Editor,

A SMOKER, A CHEWER, AND A SNUFFTAKER.

"PATHOLOGY OF DIABETES."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed in the Journal (vol. xxxvii., No. 26) of the 26th January, 1848, an article on the pathology of Diabetes Mellitus, wherein the writer entertains the idea that this disease is *primarily* an affection of the brain. If this be true, it is really a fact of much importance, and the discoverer should rank with Chomel, Bright and Hall, as a pathologist whose researches shall in the end render his name *immortal*. The writer calls the attention of the "profession" to the subject, and as a *member* I shall give his article a review, so far as will be necessary for the present. The writer acknowledges that he knows *nothing* of the first case till after death, but he *conjectures* that this was a case of diabetes. So far he proves nothing. I leave this part, therefore, and pass

to the second, and last case, by saying that the description given of the case just quoted, answers very well to *hydrocephalus*, and it is possible the patient died of dropsy on the brain, while it seems *improbable* that she died of diabetes, as the usual signs of that disease (diabetes) were not revealed on *post-mortem* examination, and the symptoms detailed closely resemble chronic arachnitis. The history of the second case is vaguely summed up by stating a *few of the symptoms*, and these few are such as frequently attend many disorders which have no connection with diabetes—such as “dimness of vision, dizziness, vomiting,” and the patient dying comatose. The autopsy showed all the organs in the abdomen and thorax “free from disease.” We then (says the writer) examined the brain. There we found disease. The ventricles were distended with serum, and the brain generally, when cut into, appeared more vascular than natural; but the part most so, was that position in the immediate vicinity of the restiform and olivary bodies. This is the sum total of the *post-mortem* developments, just such as we often see in persons who die of chronic diseases; serum is almost always found in the cavity of the cranium in persons who die of chlorosis, phthisis, &c.; it is a *consequence* rather than a *cause* of these diseases. The vascular condition of the brain might have depended upon congestion. This we often see in persons who do not die of affections of the brain; therefore, I come to the conclusion that *this case* is as deficient as the other, in establishing the doctrine that diabetes depends on “lesion of the brain.”

Patients who have diabetes generally live comparatively a long time, while those who have lesion of the brain soon die. This is so obvious that I need not insist upon it, and I am astonished that any man should entertain so wild a theory as the opinion given in the communication which we have so hastily, but *fairly*, reviewed. Yours respectfully,

19 Park Row, New York, Jan. 28th, 1848.

J. R. WILBUR.

CHLOROFORM AT BELLEVUE HOSPITAL.

[AN attentive correspondent in New York reports the following results of the use of chloroform in that city. It is gratifying to find the evidence in its favor increasing, especially when that evidence is furnished by the use of the article in skillful and judicious hands.]

This new anæsthetic agent has been introduced into the practice of Bellevue Hospital with highly satisfactory results. The article which was at first used was obtained from the laboratory of Dr. Chilton, and the early experiments thus made were eminently successful. Since then the chloroform is prepared by Dr. Miller, the Resident Apothecary, and the frequency of its employment in the hospital, while it has afforded proof of the purity and reliability of the article, has furnished ample evidence of its adaptation to a great variety of purposes both in medical and surgical practice.

Dr. Reese, the Resident Physician of the Hospital, reports a variety

of cases in which it has been employed under his observation, and ardently recommends its use in delirium tremens, as well as in the delirium of fever, during that stage of either in which opium is indicated. The most furious raving and violent frenzy of such patients, may be readily subdued by the inhalation of a very small quantity of chloroform, and the patients not only become calm, but soon fall into a quiet slumber, which in every case has lasted several hours; nor has its repetition been demanded in any example. In the same Hospital it has been employed by Dr. R. and his Assistants, for the relief of various hysterical and other spasmodic affections, with entire success.

The visiting physicians and surgeons of the Hospital have prescribed this new agent, thus far, with uniformly favorable results, nor have any morbid mischiefs been apparent or supervened in a single instance. In a terrible case of eclampsia Dr. Metcalf arrested the disease by a single inhalation on the part of the patient, the spasms wholly ceasing in forty seconds. Dr. J. R. Wood performed a most painful and difficult operation, for the removal of a bony tumor, requiring the use of both saw and chisel, the patient meanwhile remaining entirely insensible to any degree of suffering, a sponge being held to his nose moistened with a few drops of the chloroform, and this only for a few minutes.

In city practice, equal success has attended the anæsthetic agency of chloroform. Dr. Mott has repeatedly used it, as also Dr. Parker, in several formidable operations. Dr. Van Buren has performed lithotomy on a boy 3 years old, who remained insensible and apparently unconscious until the whole dressings were completed, and until he was placed in bed. Dr. J. R. Wood has removed a cancerous mamma from a lady, who throughout had no sense of pain; and since amputated the fingers of a shattered hand, without the patient being conscious of having been touched by the surgeon, and manifesting the most unaffected astonishment on learning that the dreaded ordeal was past. In none of these cases has any untoward circumstance occurred to throw a doubt over the safety or propriety of employing this new agent.

So potent, however, are its effects, and so rapid withal, that its indiscreet or indiscriminate use may soon limit its usefulness, by demanding legal restrictions upon its employment, to prevent the mischiefs of which it is undoubtedly capable. It is the duty of our profession everywhere to promulgate its dangers if given in excess, or if used at all in certain pathological states of the system, known to contra-indicate it. Idle experiments upon persons in health, or upon those suffering under morbid conditions of vital organs, must be hazardous, and may be fatal without the utmost caution. The employment of chloroform, therefore, by rash or ignorant persons, or on trivial occasions, should be discountenanced; for if the whole tribe of quacks in our city shall venture upon the habitual use of this potent article, as many of them have already done by their advertisements, substituting it for their mesmeric manipulations, and other harmless tricks of jugglery, the worst mischief may be justly apprehended.

To guard against abuses of this new remedial agent, is of very great importance, not merely to prevent its perversion to injurious and demoral-

izing purposes ; but that its utility may be permanently established by rational and enlightened experience. Much is yet to be learned as to the modes of its preparation and preservation, so that it may be of *uniform* strength ; which is known not to be the case with that procured from different venders, and hence the variation in the results reported in different experiments. So also, the best mode, and safest proportions, for its administration, cannot be said yet to be ascertained. Nor, indeed, can we yet decide how far it is reliable, without a still greater number of trials, in many of the emergencies in which its adaptation is theoretically inferred. Especially does it remain to be established, how far it is judicious and appropriate to employ the inhalation of chloroform, with the view of suspending conscious suffering, during maternal travail. Thus far, experience and authority will fully justify a resort to this agency in the various forms of preternatural, complicated or instrumental labor. Indeed, on the occurrence of any pathological condition during labor, which involves extreme suffering or hazard to the mother, a failure to avail ourselves and our patients of this new resource would be inexcusable. But its innocence and safety should be more fully confirmed by the testimony of experience before it would be discreet to employ it indiscriminately in natural labor, when the mother is in health. That it may be thus employed by timid or impatient mothers, and thus used by mercenary members of our profession, is one of the dangers attendant upon the publicity which chloroform and its effects have received. Let us beware, lest this blessing be turned into a curse, and this by carefully discriminating between its use and its abuse. If this can be effectually done, the chloroform promises to be a precious boon of science to suffering humanity.

PRINCIPLES AND PRACTICE OF DENTAL SURGERY.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It will be interesting to the members of the dental profession, to learn that a new edition of a work so valuable to them, has been lately issued from the press. It is exceedingly rare that a standard work, either of a medical or scientific character, passes so rapidly from one edition to another, as the one under consideration. A few years ago, and we were, strictly speaking, without a work of a practical and comprehensive character, on the subject of the dental profession. It is true, we had a few publications at home, as well as several others from abroad, which *professedly* supplied the wants of those in the dental art. But unfortunately these have either taken but limited views of the subject, or they have been made up of impracticable theorizing, or else they have mingled error so intimately with truth, as to render almost the whole class of them

* Principles and Practice of Dental Surgery : by Chapin A. Harris, M.D., D.D.S., Professor of the Principles and Practice of Dental Surgery in the Baltimore College, &c. &c. Third edition. Revised, modified and greatly enlarged, with 150 illustrations. Philadelphia : Lindsay & Blakiston. 1848

of but little practical value. In addition to this, the science of dental surgery has made greater advances, and added to its store more valuable improvements, within the last ten years, than at any time previous; so that, at the particular time to which we refer, everything conspired to render our necessities exceedingly extensive and urgent.

Having a large and fortunate field of observation, with a life wedded to the profession, and possessing an energy for good which no obstacle could overcome; none knew our necessities better, and none could better minister to them, than Dr. Harris; and in this emergency he came forward with his *Principles and Practice of Dental Surgery*. The popularity of the work, and the rapidity with which the first edition, though large, was exhausted, showed, better than words can tell, the just appreciation and response of the dental profession. In a short time a second edition was called for; the march of improvement had been going onward, and we find him faithfully and critically keeping pace with it. New discoveries and new truths have found a lasting voice, so that, *even as a journal of the times*, everything of importance to the profession was brought down to the date of the publisher. If the first edition of the work was popularly received and acknowledged, the *second* was more so; in confirmation of this, we quote the author's preface of the third edition now before us, as well as for the purpose of noticing the changes and improvements which it has undergone since its last revision.

"Although but little more than two years have elapsed since the publication of the second edition of this work, a third is called for. In this the author has introduced many *practical details, illustrations and improvements*, not contained in either of the former editions. *Eighty-seven new engravings* have been added, and to prevent increasing the work to an inconvenient size, by the number and extent of the additions which have been made to it, he has found it necessary to exclude from the present edition considerable matter contained in the preceding one, which he conceived to be of minor importance. The size of the volume, nevertheless, has been considerably increased, but he trusts its value, not only as a text-book for the student, but also as a work of reference for the practitioner, will be found to have been correspondingly enhanced. Besides the numerous additions interspersed through the body of the work, an entire new part, devoted to the diseases and defects of the palatine organs, has been added."

We recommend it to the dental profession as one of the most valuable and comprehensive works extant, on the subject of their favorite and important science. W. H. D.

PHILADELPHIA MEDICAL SCHOOLS—CHLOROFORM AND ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

IN this city are established, and in active operation, five public medical schools endowed with the power of conferring the degree of Doctor of Medicine. The number of matriculants at the present lecture term

amounts to some eleven or twelve hundred. These schools, named in the order of their ages, are the University of Pennsylvania, Jefferson Medical College, Pennsylvania College, Franklin Medical College, and Philadelphia Medical College. The last three have been established within the last eight years.

The University of Pennsylvania, I believe, is the oldest institution of the kind in the United States. This venerable alma mater of medical science, although well stricken in years, seems in the very prime of active and vigorous manhood. The present course of medical lectures commenced in October, some weeks earlier than any preceding one, in accordance with the recommendation of the last National Medical Convention, which advised an extension of the time of the lecture terms. The present class consists of about 500; and the difference in the general deportment of this, and those of eight and ten years ago, is very striking, and reflects much credit on the young gentlemen composing the class at this time. There is a medical and surgical clinic twice a week, Wednesdays and Saturdays, at the University, and the students have access to the same number and kind of clinics at the Pennsylvania Hospital. The clinics at the University are given, on the medical cases, by Drs. Jackson and Gerhard; and on the surgical, by Professors Gibson and Horner. Those at the Hospital are given by Dr. Wood, on the medical cases; and by Dr. Randolph, on the surgical.

The misunderstanding and disruption which have taken place between the medical schools in this city and the Blockley Hospital, are much to be regretted, as this institution furnished opportunities for clinical instruction which have not yet been fully replaced by the present substitutes.

Dr. Rogers, the new professor of chemistry at the University, successor to Dr. Hare, is very popular as a lecturer; and deservedly so. He seems saturated with his subject, brim full, and running over—appearing at home and perfectly at his ease. He lectures without notes, excepting an occasional little scrip. His enunciation is fluent and rapid; not the noisy bubblings of a little rivulet struggling its way through the stony obstructions of its shallow bed; but more that of a deep broad stream, silently overpowering every obstacle, and seeming to demand a recipient of no very insignificantly small capacity. His address is rather prepossessing, his manners are easy, and he is very accessible: qualities well adapted to render him very popular.

Dr. Randolph, in a very good lecture on fractures at the Pennsylvania Hospital, took occasion to condemn, in very sweeping and unqualified terms, the use of the immovable apparatus in these injuries, such as starched bandages especially, although but a few years ago I happened to hear him as warmly engaged in descanting upon the superior advantages of these dressings, and exhibiting patients walking about with fractured bones of the limbs, enveloped in three layers of starched bandages, and supported in a sling. He now reprobates motion of all kinds as detrimental to the union of the fractured bones, notwithstanding he formerly dwelt upon the benefit of this kind of motion to the patient's gene-

ral health, as favoring the union in this indirect way. His most weighty objection to the starched bandage now rests upon the danger of covering up the injured portion of the limb from the inspection of the surgeon. This is a well-founded objection, but justly applicable to only one class of cases, and that consisting of those where there has been laceration or contusion of the soft parts. The doctor did not inform his class of the reason of this change in his views, or that they had ever undergone any, but spoke of it in a manner adapted to give the impression that he had always been of the same opinion. This shows him to be practically a believer in the doctrine of progress, or at least of change; and that even a skilful surgeon may believe himself to be improving; also that he is not of that class of stereotyped conservative members of the profession, medical perfectionists, who believe themselves at the acme of professional perfection; and as having arrived at the *ultima thule* of human knowledge, disbelieve in the existence of any region beyond the ken of their mental vision.

Dr. Wood, in a clinical lecture, at the same place, on the treatment of typhoid fever, informed the class that he used spirits of turpentine, in doses of from eight to ten drops, every two hours, during the persistence of what he called the enteric inflammation, with very excellent effects. The indications for its use, he stated, were a brownish-colored and dry tongue, and tympanitic abdomen. When these symptoms have subsided, the turpentine is to be discontinued, as it has then accomplished all the benefit of which it is capable. He asserted that it very seldom failed to produce a speedy and marked improvement in these symptoms—generally in from twenty-four to forty-eight hours. We can readily give a considerable degree of credence to these statements, as we began using the turpentine, in continued fevers, twenty-five years ago, and have repeatedly seen very good effects follow its use, not only in abdominal typhus, but in chronic and sub-acute inflammations of the mucous surface generally.

Chloroform and Ether.—The chloroform is on trial here, and, thus far, the jury have not been able to agree in their verdict. Dr. Mütter, professor of surgery, in the Jefferson Medical College, gives a decided preference to the ether. He says that in every case in which he has used the chloroform, or seen it used, it has produced a most distressing nausea and sometimes vomiting, which has continued for hours after its inhalation. He related two operations for congenital cataract. To the first, a child about 5 years old, he gave the ether; which was followed by an entire cessation of the rolling of the eyes, peculiar to this kind of blindness, and the operation was very satisfactorily performed, without a single unpleasant occurrence at the time or afterwards. To the second case, he gave the chloroform, which was followed by so much sickness and vomiting, that he was obliged to defer the operation to another time.

Two cases have come under my own eye, where the persons who inhaled the chloroform by way of experiment, possessing very different temperaments, were both affected with a degree of nausea, which did not entirely leave them for two days; and a dizziness and feeling of stu-

pid lassitude, which continued until the fourth day. These persons had taken the ether several times, but suffered from it none of those unpleasant effects.

Dr. Gardner, Professor of Chemistry in the Philadelphia Medical College, gave the chloroform to a number of gentlemen of his class. He subsequently informed the class, in a lecture on the ether and chloroform, that its inhalation was followed by the same series of unpleasant symptoms which have been enumerated; and, in his own person, the feelings of prostration were sensibly felt the second day after inhaling it. The doctor asserted, that from the chemical constitution of chloroform, when it comes in contact with the blood globules, the chlorine, which it contains, will exert a destructive or decomposing effect upon these bodies; and this, in his opinion, is the solution of the phenomenon of the persistent nervous and muscular weakness; as it is now a well-settled fact, that muscular power and nervous energy are in the direct ratio of the proportional number and integrity of the red globules, circulating in the blood. The ether, when absorbed and taken into the circulating blood, Dr. G. affirmed, absorbed oxygen from the blood and became converted into carbonic acid and water; and thus acted chemically on the blood, in extracting its oxygen and substituting carbonic acid and water, while the undecomposed portion of the ether was carried throughout the brain and nervous system, and at first frequently produced an exciting effect, but soon followed by stupor if it was continued. He considered the chemical and mechanical effects of ether, verisimilar to those from hanging and drowning—the blood, deprived of its supply of oxygen from the atmosphere, becomes loaded with carbon and unfit to sustain the vital functions of innervation and muscular motion, and sensibility and motion in a great degree cease.

The use of ether in obstetric practice, in this city, I am told, is discarded by the two most prominent professors of this department, Drs. Hodge and Meigs. It seems a little strange that these gentlemen should so far discredit the testimony of their brethren as not even to give it a fair trial, especially when this testimony comes from those of as high professional standing, and of a reputation unsullied for veracity.

Philadelphia, Feb., 1848.

SPIEGEL.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 16, 1848.

Gardner's New Medical Dictionary.—It would seem, at first thought, that medical dictionaries were already sufficiently numerous, and that their multiplication would be but a repetition of the same words and definitions. But such is not the fact. An increase of these very necessary works is more particularly demanded in the science of medicine and the

branches legitimately belonging to it, than in the English or any other living language. The reason for this is apparent:—a language should remain nearly the same from age to age; whereas the technicalities of science are perpetually increasing, in exact proportion to the progress of discovery.

Harper & Brothers, of New York, are the publishers of a large volume, embracing an immense number of terms in anatomy, human and comparative; physiology; practice of medicine; obstetrics; surgery; therapeutics; materia medica; pharmacy; chemistry; botany and natural philosophy; together with the formulas of all the principal pharmacopœias, and valuable practical articles on the treatment of disease, on the basis of Hooper & Grant, and adapted to the state of these departments of knowledge. D. Pereira Gardner, M.D., Professor of Chemistry and Medical Jurisprudence in the Philadelphia College of Medicine, is the author. Dr. Gardner has actually made an addition of many thousand articles to former dictionaries, and more especially in the departments of chemistry, physiology, &c., nor has he lost any opportunity of giving notoriety to numerous American improvements, whenever the limits prescribed to himself would permit. After examining the pages, here and there, with a view to obtaining a just idea of his method of treating subjects, we have arrived at the conclusion that this is an exceedingly valuable dictionary, which will have a good and enduring reputation. A leading point of ambition with the editor, was obviously to give an exact and perfect idea in each definition, without being unnecessarily wordy. As the type is small, the paper thin, but firm, a vast amount of matter is condensed into comparatively small space. The publishers deserve encouragement for their enterprise and boldness, in bringing out this work at a time when there was no apparent need of it—but relying alone, as they evidently do, on the positive merits of the volume, we trust they will realize their expectations in relation to the patronage of the profession.

Boston Lunatic Hospital Report.—Dr. Stedman is always doing his best, with the worst materials in christendom. He has really those whom no one else is willing to take. Poor, wretched, reason-bereft creatures—in all forms of insanity. His are the *hopeless* lunatics—and yet he gives character to the institution, over which he presides with a steady hand, hoping and trusting to the end, that some may be restored to usefulness and to society. In this Dr. Stedman is sometimes gratified, but the whole public know quite well the task before him, and wonder that he is not utterly discouraged.

Since the opening of the Hospital at South Boston, in 1840, 447 patients have been received—78 having entered in 1847. Everything is proceeding satisfactorily, and the city, and public at large, place implicit confidence in the wisdom, prudence and experience of Dr. Stedman in conducting the Hospital on the best and surest plan for benefiting its inmates.

New Jersey Medical Reporter.—Having had only the second number of this Journal, we know nothing of the scheme of operation, as was probably set forth in a prospectus in the first number. It is apparently designed to *comprize* the transactions of the New Jersey Medical Society, in

connection with the floating medical literature of the day. Joseph Parrish, M.D., of Burlington, is the editor, who evidences the right qualifications for his new position, viz., patience and industry. These are manifest in the papers and articles before us, which could not have been prepared without the exercise of both those cardinal editorial virtues. The idea of supporting a new medical periodical so near to Philadelphia, the great medical focus of the Union, teeming, as it does, with journals and books, took us by surprise, as it seemed impossible the work could find patrons enough to support it in New Jersey. Dr. Franklin has the reputation of having once said, that State was like a barrel of cider tapped at both ends—Philadelphia drawing at one extremity and New York at the other. It is delightful to know, notwithstanding this free draught upon its resources, that the current of medical knowledge flows with a force and clearness, that indicates an unexhausted fountain in the interior.

The Obstetrical Remembrancer.—This is the title of a little volume which has just been re-published, from the ninth London edition, by the Messrs. Wood, of New York. To the English edition, containing Denman's aphorisms on natural and difficult parturition, with notes by Ryan, Dr. Cock has added quite a number of judicious practical observations. In its present form it is worthy the notice of the obstetrician. It may be obtained at B. B. Mussey's, Cornhill. S.

Chloroform Inhalers.—Like Connecticut washing machines, the patterns of these instruments have become too numerous; and yet they are all ingeniously constructed, through each of which, the vapor may be taken satisfactorily. Still, some are probably better than others, although we are singularly puzzled to determine whose instrument swallows up all the rest in point of mechanical superiority. Mr. Hunt, the surgical cutler, corner of Washington and Water streets, who has a reputation for doing everything exceedingly well in his line, has exhibited a glass inhaler which is good enough, being apparently admirable in all its parts, to meet the wishes of the most nervous administrator of chloroform in the community. Dr. Smilie, Mr. Hunt says, should be credited with the invention. Without a drawing it cannot be well understood, hence we refer readers at once to Mr. Hunt's great depot of surgical cutlery—where, if they once enter, they will be pretty sure of making liberal purchases.

Poisoning by the Bite of a Rattlesnake.—The following is the first account we have seen of the treatment adopted in the late melancholy case of Dr. Wainwright, of New York. It was related by Dr. Post, at a meeting of the New York Medical and Surgical Society.

“The patient, a large, well-built man, 40 years of age, was bitten in the last phalanx of the middle finger of the left hand, near its articulation with the metacarpal bone. At the time the wound was made, a by-stander observed that it was immediately followed by a small jet of blood. It was immediately sucked, and soon afterwards, less than half an hour, an attempt was made to excise it, and the excised surface was cauterized. From the nature of the parts involved in the wound, the incision must have been

very imperfect. A ligature was likewise tied firmly about the wrist, and 10 grs. carb. ammon. and $\frac{1}{2}$ gr. sulph. morph. were administered. About 7 $\frac{1}{2}$ P. M., the ligature, after it had been on half an hour, was removed. Previous to this time the hand had been very much swollen, but no swelling had occurred above the ligature. It now began to extend up the arm. At 9 $\frac{1}{2}$ the patient was seen by Dr. P., and soon after by Dr. Parker; he had been visited by Dr. Caldwell previous to either of the other gentlemen being called upon. The swelling had now extended to a point half way between the elbow and shoulder-joint; it was very considerable, hard, and terminated abruptly—the finger, when passed along the arm, dropping suddenly from the swollen part to that in its natural condition. The hand was of a dark greenish color, the lower part of the arm was mottled blue and greenish yellow; the discoloration did not extend as far as the swelling, and seemed to follow the swelling at about half an hour's interval.

“At the time Dr. P. first saw the patient his pulse was 80, of medium fulness and strength, his face was flushed, and his manner excited. Half an hour afterwards the pulse began to flag, becoming less full and forcible, but increasing in frequency to 100; it afterwards reached 120 beats in the minute, but this was its maximum frequency, becoming constantly more and more feeble. By 11 o'clock, the pulse was extinct at the wrist, but could still be felt at the groin. Between 10 and 11 he became stupid, taking no notice of what was passing about him. This lapsed into complete coma, and he died a little past 12. By this time the swelling had extended under the pectoral muscle, and the discoloration had reached the axilla.

“The treatment, after Dr. P. saw the case, consisted in the administration of stimulants (brandy and carb. ammonia) in as large doses as the patient could be prevailed on to swallow. When they could no longer be given by the mouth, they were administered by the rectum. It is somewhat remarkable that after the pulse had ceased at the wrist, and the surface had become covered with a cold perspiration, a sinapism applied to the epigastrium produced full redness in twenty-five minutes.”—*Annalist*.

Typhus Fever in New York—We learn from New York that the typhus fever is sadly raging there both in the hospitals and in the city, as well as vicinity.

At Bellevue Hospital, out of 600 patients there are said to be over 200 cases, while three of the Assistant Physicians are sick of the fever, and two others but just recovering from an attack. At the Quarantine Hospital there appears to be a large increase in the late reports, nearly 900 being among the sick there, of which over 400 are typhus cases direct from the ships.

The puerperal fever has shown itself in the lying-in wards at Bellevue, and several deaths have occurred by this appalling malady, which it is feared may become epidemic in the department, as it has been in former years.

Another professional victim to the ship fever has been found in the person of Dr. Zabriskie, the successor to Dr. Ingraham of the Brooklyn Alms House Hospital, who died of the same disease a few weeks since.

Nurses.—Next to the physician, a good nurse is of the utmost importance to the sick; and it is almost as necessary that a nurse should be trained to the business, as that a physician should be properly educated. Kind-

ness, cheerfulness, attention and firmness, are all necessary in a good nurse. A knowledge of the laws of health, both theoretically and practically, is also indispensable. The female is more frequently called upon to perform these duties. Nature seems to call upon her to be the nurse of the child, sister, brother, husband, father, and mother. Every young lady, then, should understand how to perform this duty well. It should form a part of her domestic education. A knowledge of this duty can no more be dispensed with, than a knowledge of good housewifery. Every young woman, then, should become thoroughly acquainted with the principles of *physiology*. We would not oppose the efforts made to instruct young ladies in music and graceful deportment; yet still, we must be allowed to say, it would be much better for families, communities, and the world, if no inconsiderable portion were deducted from the time spent upon securing what are called the *politer accomplishments*, and bestowed upon acquiring a knowledge of *how to take care of the sick*. We have seen the most bungling work in the sick room, from the ignorance, carelessness, and sluttishness of a nurse. On the other hand, the sick chamber has seemed almost desirable, when the nurse is what she should be.—*Jour. of Health and Practical Educator*.

Records of Death in Ancient Egypt.—The following curious calculation is from an unknown source. "It is estimated that, from the year 209 B. C., to the year 1, of our era, 420,000,000 of Egyptians have died in the 'Valley of the Nile.' All these millions were embalmed, and all wrapped more or less fully in linen, furnishing 8,400,000 metrical quintals of cloth which may be used for the manufacture of paper. This calculation does not include the land of Ethiopia, nor the three centuries that elapsed before Egypt began to bury its dead with spices, &c. And, as to the value of the resuscitated wrappings, the estimate is as follows:—The cloth which encloses the mummies is all of the finest linen; and every body knows how superior the paper manufactured from linen is to that manufactured from other substances. The rags that serve for the preparation of paper are now sold in France at the rate of 70*l.* per metrical quintal."

TO CORRESPONDENTS.—A paper on "The Medical Profession *vs.* the Colleges," and one on the treatment of Prolapsus Uteri, have been received.

An apology is necessary for the insertion of an editorial article in last week's Journal, which had previously appeared. The copy, by some mistake, was returned to the copy drawer, instead of being destroyed. We regret the occurrence, especially as more space was then needed for the insertion of the favors of correspondents.

DIED,—In Boston, Henry B. C. Greene, M.D., 47. Also, Benjamin W. Hildreth, M.D., late of Marlboro', Mass., 64.—At Rockford, Ill., Dr. J. Goodhue, by accidentally falling into a well thirty feet deep, while visiting a patient in the night.—At Hatfield, Mass., Dr. Daniel White, 82.—At Yazoo, Miss., Dr. Isaac Hamberlin, killed by a bear, at a hunt of these ferocious animals.—At Cherryfield, Me., Samuel B. Merrill, M.D., 59.—At Bellville, Ill., Dr. John D. Holding, of Mercer Co., formerly of New York, 30.—Recently, aged 72, the celebrated Burdach, author of a well-known work on physiology, and Professor in the University of Konigsberg.—At Nice, Oct. 9th, Dr. Miguel, the first editor of the *Bulletin de Thérapeutique*.—In London, Dec. 5th, William Dalrymple, late Surgeon to the Norfolk and Norwich Hospital, 75.

Report of Deaths in Boston—for the week ending Feb. 12th, 55.—Males, 27—females, 28.—Stillborn, 11. Of consumption, 10—typhus fever, 7—lung fever, 2—scarlet fever, 1—cancer, 3—accidental, 4—infantile, 2—dropsy on the brain, 2—intemperance, 1—disease of the heart, 1—old age, 2—erysipelas, 1—dropsy, 2—child-bed, 1—convulsions, 2—canker, 2—dysentery, 2—inflammation of the brain, 1—drowned 1—inflammation of the lungs, 2—diarrhoea, 1—influenza, 1—croup, 3—dyspepsia, 1—marasmus, 1.

Under 5 years, 15—between 5 and 20 years, 3—between 20 and 40 years, 23—between 40 and 60 years, 10—over 60 years, 4.

Medical Miscellany.—A great meeting of those practitioners who call themselves "eclectic reformers," is to be held at Cincinnati, on Thursday, the 25th of May next. Some estimate of the character of the qualifications of the persons interested in this movement, may be formed when it is mentioned that Wooster Beech, of New York, heads the list.—A State Medical Convention is to be held at Lancaster, Penn., April 11th.—A Spanish dwarf is on exhibition in Texas, who is two inches shorter than Tom Thumb.—A boy at Norridgewock, 12 years old, weighs 19 pounds.—Dr. Roe, of Illinois, is the author of an extraordinary improvement in the Magnetic Telegraph, by which whole masses of matter, equal to newspaper columns, may be transmitted at once over the lines.—Dr Farques, of Quebec, left to the corporation of the city, at his death recently, \$24,000, for erecting and maintaining an Asylum for the Poor, and supplying them with work.—At New York, the Homœopathic Dispensary has been reorganized. It is in contemplation to have a New York School of Medicine, in which the doctrines of the homœopathists are to be exclusively taught.—No. 2, of the Dental News Letter, published quarterly at Philadelphia, is a highly respectable journal.—The King of Prussia has settled an annuity of 3000 dollars upon the widow of Dieffenbach.—The Rhode Island Medical Society have chosen six delegates to represent them in the American Medical Convention, at Baltimore, in May next. Dr. Joseph Mauran, of Providence, President of the Society, is one of the number.—The Buffalo Medical College is the fourth to adopt the plan of extending the lecture term to six months.—Smallpox has again broken out at Indianapolis, Indiana, where it drove away the legislature a short time ago.—A proposition is before Congress to increase the Medical Staff of the Army.—Mr. Syme, of Edinburgh, has been appointed successor to Mr. Liston, as Surgeon to the University College Hospital, in London.—Typhus fever prevails extensively in the French army.

BOYLSTON MEDICAL SCHOOL,

INCORPORATED IN 1847.

THE Course of Instruction for the ensuing year, will begin on the 1st Wednesday in March, 1848. No pains nor expense will be spared to offer every advantage to our Students. Private examinations of patients, both medical and surgical, with particular regard to the treatment of the diseases and accidents likely to fall under the care of a general practitioner, will be constantly made.

The wards of the Massachusetts General Hospital will be open throughout the year to our Students, in common with those of other Schools; and a large number of post-mortem examinations, at which they may assist, will afford them excellent opportunities for the study of Pathological Anatomy.

The means for the study of Practical Anatomy will be as great as Students desire.

Fully illustrated Lectures upon Chemistry, Pathology, Anatomy, Physiology, Hygiene, Materia Medica and Obstetrics, with their bearing upon Legal Medicine, will form a part of the course.

All the public institutions, open to any Medical Students in this city, will be available to those of this School.

For terms, &c., apply to Dr. THAYER, 12 Essex street, on any day, between 2 and 4 P. M.

JOHN BACON, M.D.

C. E. BUCKINGHAM, M.D.

EDWARD H. CLARKE, M.D.

W. HENRY THAYER, M.D.

Boston, Feb. 15, 1848.

Feb 16—eptf

JOHN B. WALKER, M.D.

REMOVAL.

MESSRS. WHITE & FERGUSON, successors to Charles White, have removed their place of business to No 348 Washington street, corner of Hayward Place, where they hope, by strict personal attention to the Compounding of Medicines, still to merit the confidence of Physicians and the public.

Feb 16—eop6m

PHILBRICK & TRAFTON,

(Successors to Colcord, Philbrick & Co.),

MANUFACTURERS, Chemists, &c. Wholesale dealers in French and English Chemicals, English Extracts, Pure Powdered Articles, Fresh and Genuine Drugs of every description, Instruments, &c. Particular attention paid to the selection and preparation of articles for Physicians' orders.

C. T. TRAFTON,

[Feb. 9.—eplv.]

S. R. PHILBRICK.

DRUGS, CHEMICALS, INSTRUMENTS, &c.

PURE Chloroform, Pure Ether, Mattico, Tannate of Iron, Bromide of Iron. A superior article of Breathing Tube, for the mechanical expansion of the lungs and chest. A superior lot of prepared Turkey Sponges for the inhalation of Ether, and surgical purposes. Cucumber Ointment, (a preparation of our own), the most bland and emollient dressing for irritated surfaces, and highly recommended in Crustacea. A supply of fresh English Extract Dandelion, just landed.

The above may be found for sale at 160 Washington street.

PHILBRICK & TRAFTON.

Feb. 9.—eplv

CHLOROFORM IN OBSTETRIC PRACTICE.

REPRINT of Prof. Simpson's Pamphlet on the Use of Chloroform in Obstetric Practice, with an Appendix containing remarks by Drs. J. C. Warren, W. Channing, C. T. Jackson, A. R. Thompson, J. Mason Warren, Morrill Wyman, David R. Hitchcock—on the use of Chloroform in Surgical, Obstetrical, and Dental practice. Just published, and for sale by WM. B. LITTLE & CO., 104 Hanover street.

F9—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, FEBRUARY 23, 1848.

No. 4.

THE MEDICAL PROFESSION VS. THE COLLEGES.

[Communicated for the Boston Medical and Surgical Journal.]

THE applications before the Legislature of this Commonwealth, in behalf of pecuniary aid to the colleges by a diversion of the common school fund, revive in my mind the wish that the true relations between our profession and the New England colleges should be fairly canvassed, and the question settled, whether we have been, or now are, treated as an extensive, educated and elevated body of professional men should be, by those having the control and management of these institutions. And as a deduction, we must determine how far they are entitled to a continuance of that good will, constant support against popular prejudices and forbearance, which they all have received from our body, even when their own sectarian jealousies and theological hate were engaged in pulling down each other.

I suppose that it will not be denied that the medical profession of our State, or of New England, stands at least as high, in all the elements which constitute elevation of character, as the ecclesiastical, or legal, or any other class of men, presumptively devoted to useful learning. Nor will it be doubted, that their pursuits, their tastes, their success in the good done, are less respectable, less complete or less elevated, than mark the other, so called, learned professions. In intellectual power there certainly can be no inferiority, in the importance of their aims no secondary estimation, and in the soundness of moral principles and habits, the records of crime and of discreditable breaches of the proprieties of life, can be proudly appealed to for years, to sustain their high position, even above those who make much higher pretensions, and are, from the nature of their sacred office, subjected to vastly less temptation.

Now with all these just, these undoubted claims to a close connection with the cause of education in its highest forms, the physician has been, from the first foundation of New England colleges, a proscribed man. Why has he been overlooked in their origin, unconnected with their management, unnoticed in their honors? If this has been from theological jealousy, from non-appreciation of his noble profession, or from undervaluing his personal character, which he cannot hide by a cloak of gravity, or make sacred by conventional traditions, he has a right to complain, and to insist that he will correct the injustice in view of his successors and the high dignity of his holy avocation. If, on the

other hand, he is ostracized from these duties and these honors, because he is not equal to them, because he is not worthy to sit on the upper seats of the commencement synagogue with (Heaven save the mark!) "Hon- orables" of all shades of politics, and "Reverends" of all colors of theology, is it not time that the profession shall cut clear of their connection with colleges, which pretendedly originated in the desire to aid the cause of medical culture, and make the effort to secure such an education, as will enable it to play "no second fiddle" in a social or literary position.

Let me state a few illustrations of the notorious fact that the profession has no connection with the control or management of these colleges. They have been gathered from an hour's examination of such documentary evidence as has been at hand, and I sincerely hope that some members of the calling, possessed of that *esprit du corps* which would render a slight to the profession almost a personal indignity, will pursue the inquiry under circumstances more favorable for a thorough, searching investigation. I would especially hope that the respectable delegation of medical gentlemen who sit in our legislative halls, will satisfy themselves, before they aid in deciding whether common schools shall be neglected in order to favor colleges, whether matters so stand between their vocation and these latter institutions, as justice, propriety and the public interest have long demanded?

I would, then, observe, that at the present time the name of no medical gentleman is found among the seven fellows or trustees of Harvard College; and among the twenty-nine regular overseers, but a single one, and that, too, of a gentleman long connected with the same college as a teacher of medicine. In the board of trustees of Williams College, consisting of sixteen, one only, and he a resident of the village, and as such having a direct personal interest in the concern, is found. At Amherst, in a board of seventeen, we find one, a gentleman from a distant section of the State, eminent in his calling, but more widely known as identified with the usages, hopes and feelings of the religious denomination who control the institution. Of the eight overseers of the fund of this College, no one is a physician.

At Yale College, by the last received triennial (1841), a board of eighteen fellows or trustees contains no medical name.

At Dartmouth, a board of twelve trustees shows us the name of no physician; and what is peculiarly noticeable as indicating "a foregone conclusion" of long standing, an investigation of the triennial catalogue shows that there *never has been* a physician in its board since its foundation in 1769!

At Bowdoin, no one of the thirteen trustees is of the medical profession; and here, also, is indicated the same fact, that there *never has been* a physician in its board. It should be stated as a qualification of this exclusiveness in New Hampshire, that in several instances when a physician was *elevated* enough to be the Governor of the State, he had a seat *ex-officio*, among, probably, unwilling colleagues, but *in no case* by any action of theirs.

Our means at hand do not allow an insight into the other colleges. Perhaps enough is shown in these, *two* physicians amongst eighty trustees, to exemplify the principle.

As to this jealousy or neglect of any medical interference in these colleges, a straw of indication has been blown across us, in an announcement, within a few days, of the annual appointment of Examiners at Harvard College for the ensuing year. Thirteen committees, comprising a total of 119 members, exclusive of Governor, Council, &c., "were reported by Mr. James Savage, from the committee to nominate visiting and examining committees." On twelve of these thirteen boards, the name of no physician appears. On the Examiners in Physics, six physicians are named, *all of the city of Boston*, and constituting only a *minority* of the committee.

When we remark that the whole medical appointments are crowded into one committee, and that the one presumptively nearest their pursuit, with a clerical chairman, totally unheard of in the scientific world, it would seem like a designed intimation that the profession had no claims to notice "beyond the shop"—that while clergymen, lawyers and merchants are scattered liberally through committees on languages, literature, moral and intellectual philosophy, mathematics, history, &c., the few physicians are all found in the examination of physics. It is no far-fetched explanation that had it not been that the *physical* cognomen of this committee recalled to the appointing body the existence of such a class as Doctors in *Physic*, they would have been forgotten here also.

It would require a volume to show how intimately in the old world the names of physicians have been connected with every department of science and literature or of business, named in the subject of these thirteen examinations. The names of Locke, Brown, Abercrombie, Combe, in moral and intellectual philosophy ; of Goldsmith, Smollett, Akenside, Darwin, Armstrong, in English literature and poetry ; of Olbers and Young, in astronomy ; of Good and the American Oliver, in Greek letters, and a vast many others, demonstrate that the pursuits of the physician are as nearly connected with science, literature and the arts, as those of the clergyman or lawyer. If the fact be otherwise in this country (and it is thought that a little inquiry will show the names of many physicians well versed in every branch of learning, although unheralded and unboasted) what apology or explanation can save those who have so long controlled our colleges and have professed to take care of the preliminary education of the physician, and who still have left him in a grade below that of the mother country as respects his literary or scientific position ? If in all Massachusetts, no medical man can be found to sit by and hear the usual teacher examine his class in any of the branches recognized in these examinations, the state of the profession is low indeed ! Perhaps it might not be too much to say that the Commonwealth *could* furnish medical gentlemen who could take the lead in any of these examinations without presumption, if the laws or custom would permit any other person than the regular *habitual teacher to put the question*—a mode of examination so absurd as to be dropped at most grammar schools when

The Medical Profession vs. the Colleges.

the superintending school committee visit, but which was adhered to at Cambridge a few years ago, as it probably now is, when one of the gentlemen composing the committees now under review, proposed that they should have a hand in the investigation. It was peremptorily refused.

The examining committee on modern languages, for illustration, consists of eight members, but no physician. Who can doubt that of the hundred medical gentlemen in this vicinity who have received more or less of their education in foreign countries, there might be found at least one capable of appreciating all of this kind of literature presented in a class of under graduates?

Another fact or two is forced upon the attention in running over the composition of these committees. No less than forty of the whole one hundred and nineteen are clergymen, and between eighty and ninety reside in the single city of Boston and its suburbs. For an institution claiming to represent the educational interests of the Commonwealth, and now an applicant for its impartially distributed aid, a narrower specimen of *cockneyism* or exclusiveness cannot be found.

Having had a brief look at the part our profession has had in the control of colleges, let us measure our standing with them in another way—our participation in their honors. It is well known that the highest of these is the degree of LL.D. This has been conferred by the various colleges—and sometimes with a pretty free hand—upon persons of various professions, whom they have deigned to honor, without reference to their legal acquirements, as its terms would imply. The degree of D.D. has also been applied, not unfrequently, by the various colleges, to the leading clergy of their respective denominations. That these higher honors are not *very* rare, may be inferred from the fact that they are borne by twenty-two out of the twenty-nine overseers of Harvard College, derived from that or some other college. Who ever heard of a physician receiving an honor of this kind from a New England college? Yet who doubts, if a foreigner should inquire whom we regarded as our greatest men, that the names of one or two physicians would fall within the first and every succeeding half dozen, presented by any citizen?

At times it has been severely complained of, that the colleges within and beyond New England were cheapening these highest degrees by bestowing them too liberally. Indeed, some of the colleges seem disposed to remedy this objection by abstaining almost entirely from conferring them; or give them mostly to foreigners, whose names have never reached the body of our people. It surely never will be charged that they have belittled their honors, by going into the medical profession! That, fortunately, has been the recipient of no favors or honors, calculated now to place them in a delicate position in judging these institutions!

While the colleges have thus dealt with our profession, how has their neglect been returned? Our medical institutions have been of the highest value to the colleges; graduating often as many as the college classes, occasionally supporting for their joint use a chemical professor

for years, paying handsome perquisites for graduation signatures, and many such collateral aids, to say nothing of the addition to their numbers, influence and reputation. These medical schools have always been brought into existence by enterprising physicians, and have been by them sustained, without the slightest aid from college trustees. They have been located at, or attached to colleges with the honorable desire of increasing the advantages of both by the aggregation of scientific means and men. Is there a single instance in which the advantages of this union have been reciprocal? Would it not always have been better that the medical institution should have been located in that better place, always sacrificed by the useless contiguity to a college? In plain homely terms, has not the medical profession assisted about long enough in blowing the bellows of the colleges, without reward or recognition of the service?

THE NOSTRUM TRADE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The advocates of temperance have done the world efficient service. Nevertheless, they are not always wise; certainly, not always successful in their adaptation of means to proposed ends. Nor are they always just in their judgment of others whose opinions differ from their own. They are especially unreasonable in claiming for their own favorite topic, the traffic in ardent spirits, that super-eminence of importance which flings all others into the shade. I make this prefatory charge on a class of men that will be ultimately acknowledged as the benefactors of mankind, for the double purpose of checking, in myself, our common tendency to ultraism on our favorite subject; and as a deprecation of the hasty judgment of those who may deem the opinion extravagant, that the nostrum trade, in its evil influence on the physical, intellectual and moral interests of the world, has become not merely its rival, but its successful competitor. As the subject is patiently investigated, in all its bearings and influences, direct and remote, on individuals and communities, it soon ceases to be regarded as a harmless folly; or as light and transient in the injury it inflicts; and assumes an importance little suspected, in its power over the health and happiness of men. Unfortunately, the same process of inquiry which reveals the magnitude of the evil, also discloses obstacles, apparently insurmountable, in the way of its removal. These consist mainly, in the cupidity of those interested in the trade, and in the credulity, not merely of the ignorant, but of the more intelligent.

The statistics of the trade are truly astounding. In the country, the amount of money annually paid for the various nostrums that follow each other in rapid succession, and in countless numbers, undoubtedly exceeds the sums paid to physicians for their services. In our cities, probably, the balance in favor of the *trade* is still greater. Add to this the fees exacted by mountebanks of every sort, from the impudent mes-

merizer, down to the hypocritical or fanatical homœopathist, and the proportion of compensation to the regular physician dwindles to an insignificant pittance. And yet, inconsiderable as it is, it would doubtless be less, if knaves, and fanatics, and fools, would cease to give advice, and the people would cease to drug themselves with nostrums. Meanwhile, let not the nostrum vender and the mountebank solace themselves with the pleasant unction, that they are filching fees from the regular physician. Their own handy-work is the source of half the cases of impaired health and broken constitutions we encounter, and of half the compensation we receive. If we alone were interested, we might justly regard them as benefactors.

And what shall we say of the hundreds of printers and publishers, editors of newspapers, some of them religious, men, otherwise, of irreproachable character, that can consent to become accessories in this conspiracy against the pockets of the people; when most of them *do actually know* the falsity, and can appreciate the absurdity of the statements to which they give currency? And how can our apothecaries, those of them especially who are intelligent, moral, and conscientious men—and many of them are such—how can they urge on the pernicious and pestilent traffic, and yet “keep consciences void of offence”? In the shop of such an apothecary, the spacious walls of which were covered with gaudy handbills, trumpeting the wonders, each of its infallible remedy for all the diseases, known and unknown, in the universe, I recently saw one of my own patients, the subject of a slow, and, probably, incurable pulmonary disease. For several years, I had occasionally prescribed for him, and though I never expected his restoration to health, I looked for prolongation of life, with comparative comfort to himself, and usefulness to his family. He is an excellent man, but credulity is his infirmity. So——he must needs be victimated. His thousand and one infallibles had already been swallowed, always with results evidently unfavorable; and now he was in the shop of my friend the apothecary, peering, as if for the words of eternal life, among the lying handbills posted on its walls. My friend sold him another nostrum. In another instance, an estimable man consulted me for gastric derangement, for which I prescribed abstinence from medicines. He got well—but wished to be better. So he betook himself to nostrums; though, for the following fifteen years, he consulted me occasionally. In all that time (I was his only physician) my books show bills against him, for medical advice, to the amount of some *six dollars*. During the same period, I was credibly informed he had probably paid from *five to six hundred dollars* for nostrums. They were operative at last, and he took his bed, and sent once more for me; when, after an attendance of a few weeks, I consented to humor him by recommending a journey. He will never return. In another instance, during my gratuitous attendance on an individual who was really unable to pay me, he expended fifteen dollars (procured clandestinely, and at a ruinous sacrifice) and secretly purchased and swallowed the money's worth of Morrison's pills! No wonder he died. These are only a few of the

many hundreds of illustrations which an experience of thirty years has furnished me, of the cupidity of nostrum venders ; and the folly of patients ; and the disastrous consequences of substituting medicines for bread.

That the medical profession itself may have contributed something to the formation and growth of this morbid propensity, by their own prescriptions, will not be denied. We sometimes help on the evil by unwisely consenting that a patient may swallow a nostrum, for the very insufficient reason that we hope it may be harmless ; and thus, the infirmity of the medical adviser conspires with the importunity of the patient, to his own injury, and the discredit of his physician. My own experience has not unfrequently been enriched by something like the following. " Good morning, doctor. Well—its of no use, this tampering with gruel : don't you see, I'm bilious, and I'm gone for it, unless I can have ' strengthening bitters,' or ' bracing syrup.' I think I'm troubled with worms, and ' Hull's physic ' is reckoned good for them. What do you think of the ' Great Indian Restorative ' for the vertigo ? I came near dying of it last night, just after I took the ' sub-tonic stimulant ' that Dr. Stingo recommended for my hiccups. What do you think of ' Ives's Bitters ' ? By the way, I'm satisfied ' The Tonic Laxative ' will be good for me. As for your saline draught, I could never bear it. Its too cold on my stomach, and the rice and chicken tea won't set, any how, unless I *correct it* with ' hot drops.' "

If we have participated in the fault, there is the more reason that we bestir ourselves for the removal of the mischief. But how shall it be done ? It cannot be effected by direct access to, or influence over, the minds of the masses, who are the *consumers*, annually, of thousands of cartloads of *mortal drugs*. Nor will ignoramuses or fanatics perceive the fallacy of their fancied discoveries ; nor will knaves yield the profits they realize on their pretended infallible nostrums. But what could these do towards filling the land, and the world, to overflowing, with worse than Egyptian plagues, without the agency of intelligent and reputable men ; printers, publishers, merchants and apothecaries ? Comparatively, nothing. With few exceptions, literary, political and religious newspapers, of every party and creed, publish all the disgusting nonsense and absurdity appertaining to the subject, and crowd their columns with its filthy details. The evil has become so enormous that the eye revolts at the very sight of a printed paper. Turn where we will, every package from the grocery, and every bundle from the shops, is wrapped in advertisements that flout us in the face with " Brandreth's Pills," and " Hungarian Balsams." There is not a nook or cranny in the wide world, that will hold a fragment, from which bits of newspaper may not be dislodged, vaunting of " wonderful cures " and " great northern remedies." The press teems and groans with the labor. We stumble upon medicated parcels in every public walk, and in every private way ; and the air we breathe is unctuous with the redolent stench.

I may have been too sweeping in the assertion that all our newspapers are thus desecrated. The New York Observer lies before me, on which I find no such contamination. The Vermont Chronicle is

probably uninfected. It is nevertheless true that I have frequently encountered religious publications, abounding in such immoralities. I will not insult the common sense and intelligence of your readers, by stopping to prove that the publication of known falsehood and palpable absurdity, with felonious designs on the pockets of others, and wanton disregard of their lives and health, *is* an immorality. The conductors of our public journals, as a class, are men, fully competent to appreciate the views I have presented; and I doubt not many of them have thoughtlessly contributed to the success of heartless speculators, and to the injury of their fellow creatures, when their principles and their feelings would have revolted at once, in view of the mischief and the villainy they were aiding to perpetrate. He who holds the doctrine that if a man *will* swallow poison, he may as well pocket the profit on the drug himself, as another—is incorrigible. I leave such to themselves.

Apothecaries, too, should be held responsible for their share in this conspiracy against the property, and the lives, and the morals, even, of their fellow men; and can physicians justify themselves for submitting to purchase their medicines from shelves dishonored and defiled with the abominable farragoes of knavery and folly? It is but reasonable to demand that *medicines* should constitute a separate branch of trade, and be kept clear of the meddlers with nostrums and secret remedies.

Shall I be condemned as an officious “meddler” myself, if I suggest to our public teachers of medicine that they enjoy better facilities than others, for enlightening public opinion; for correcting popular prejudices, and for giving a right direction to public sentiment, on a subject which yields to no other in its importance to the well-being of society? In your own Journal, I have seen more than one allusion to the difficulty of finding material for “introductory lectures;” or, perhaps, more accurately, to the tact necessary to make them interesting, after every topic has been so often and so ably appropriated. I confess, I could not fully feel the truth of the suggestion. My own gathered store of “introductory,” accumulated during the last thirty years, constitutes a portion of my humble library, valued, perhaps unwisely, scarcely less than any other. Certainly, their general distribution has contributed not a little, to interest, and elevate, and liberalize the profession; and far from a diminished interest, I look for them annually, with increasing eagerness, as the racy dessert, after the more prosy fare of medical books. Are not these the very medium through which to gain access to the popular mind?

Yours respectfully,

St. Albans, Vt., Feb., 1848.

J. L. CHANDLER.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.—NO. III.

BY F. WILLIS FISHER, M.D.

INFLAMMATIONS—ERYSIPELAS—DIFFUSE PHLEGMON.

INFLAMMATION is one of the most common diseases, whether it be primitive or consecutive. There have been 96 cases in which it has been the

principal disease. We have also had 19 cases of erysipelas, 7 of diffuse phlegmons, 2 of malignant pustules, 1 of otitis, 1 of psoitis, 7 of white swellings, 3 of abscesses by congestion, 48 of inflammatory abscesses, 1 of erythema, and besides these there have been a great many cases attended by complications. The inflammations we have treated the past year have not been dangerous, for out of the 96 cases there has been only 1 death, and that was from malignant pustule. All things in other respects being equal, the inflammations and abscesses which do not proceed from an external cause, but which arise spontaneously, as it is said—because the cause is concealed and internal—are the least dangerous. Erysipelas as a complication of wounds is more grave than spontaneous erysipelas. These inflammations are general diseases, and may affect all the tissues, either separately or together. There have been inflammations of the skin, of the cellular tissue, muscles, synovial membranes, vessels and nerves; they are general as to their causes, which may be internal, external, and of every nature. Much might be said upon inflammation, as it is one of the most extensive subjects of pathology; but fearing we should encroach upon general pathology, we shall pass to the consideration of the different kinds of inflammation that have been observed in the wards during the past year.

Erysipelas.—We have said that there have been 19 cases of this disease. It may be developed in any region of the body, and under the influence of the most diverse causes; nevertheless, there is always an internal and general cause. When erysipelas arises under the influence of an internal cause, we have a medical erysipelas; that which arises under the influence of a traumatic cause, is the surgical erysipelas; the external cause may be the bite of a leech as well as a large wound. We cannot voluntarily cause an erysipelas, and when it is declared we cannot prevent it from spreading and running through its periods. This well proves that there is an unknown cause which rules over its birth and evolution. Erysipelas, like the eruptive fevers, has a period of incubation; the patients express an uneasiness, agitation, gastric trouble, and, two or three days after this, the erysipelas shows itself. This is surely not under the influence of the traumatic cause, which is often very slight. The gravity also of erysipelas varies singularly. There have been 6 cases of spontaneous erysipelas of the head, none of which proved fatal; moreover, some of them have been complicated with wounds. One of the patients affected with erysipelas has died; he had a malignant pustule: another has also terminated fatally; he had a caries of the parietal bone, which was attended by suppuration. If these patients had had only the erysipelas, their chances for convalescence would have been much greater. An erysipelas cannot be considered as of equal gravity when it happens in the midst of perfect health, or after a typhoid fever. An erysipelas as a complication of wounds may itself be complicated with different diseases, with gangrene, for example. Erysipelas is a particular disease, distinct from angioleucitis, diffuse phlegmon, phlebitis, erythema, &c.; we see that it is an extended inflammation, having, in the whole extent of the part affected, a nearly uniform

redness, limited in its periphery by an uneven border of a color as intense as the rest of the patch, and contrasting with the white color of the healthy peripheric tissues, the edge making an appreciable relief to the fingers, and sometimes to the eye. All these characters are pathognomonic. Simple erysipelas never terminates by suppuration, seldom by gangrene, and does not generally last more than a week in the place where it first appears. It passes successively from one point to another, and it may thus last longer; but if we take a determined point, it does not last there longer than four or five days. It is no more in our power to arrest an incipient erysipelas than to arrest a case of variola; we may moderate the symptoms, oppose its extension, and render it a mild disease perhaps—but we can never subdue it. Yet it is daily said and reported, and is stated by writers, that such and such a remedy cures erysipelas. In fact, if a practitioner applies his favorite method of treatment to a series of cases of erysipelas that have no tendency to spread beyond a particular boundary, and which naturally runs its course in five or six days, he supposes that it is his treatment that overcomes the disease; but another practitioner adopts and pursues the same method in a series of cases that happen to be of a more serious character, and he fails to cure the disease, and his patients die. In the one series of cases the treatment is marvellous; in the other it is totally inefficacious. How is this to be explained? Topical applications have been highly extolled and recommended, but have seldom proved successful in curing. The reason of this is obvious. It is because erysipelas is not a local disease, a simple inflammation of the skin—but depends upon a general cause for its development. In some particular cases local remedies may have some favorable effect. General depletion, emetics, cathartics and many special remedies have been recommended and tried, but these have succeeded no better than the local applications. To be able to attack the disease with the hope of success, and to overcome it, requires a knowledge of the laws that govern it. It is not sufficient for one to know that this law, or the cause, is a general one.

Diffuse Phlegmon.—Seven patients have been received into the wards whose principal affection was diffuse phlegmon. Six of these were cured—one left the hospital in nearly the same condition as when admitted. In these patients we have had an opportunity of seeing how much diffuse phlegmon differs from phlegmonous erysipelas, phlebitis, angioleucitis and erythema. In all the cases there have been swelling, active inflammation, and a tendency to suppuration, which, if the disease be not arrested, always supervenes after three or four days, whatever have been the treatment. And the reason of the occurrence is this—which is a very important fact. The tissues which are the seat of the disease become affected by mortification, and this once having taken place, suppuration cannot possibly be prevented, and the disease must terminate thus. This fact being known and appreciated, the practitioner can have no confidence in the numberless means that have been proposed to cure the affection.

The time employed in mercurial frictions and repeated blistering, is so

much time lost; we must abandon all hope of effecting a resolution. But is this a reason why we may not cure the patient? Certainly not! The cure must consist henceforward in eradicating the gangrenous parts in the shortest time possible. Shall we employ caustics to open the parts, and establish a passage to the gangrenous part, so as to favor the process? Certainly not! And for this reason. The opening made by the aid of caustics is not sufficiently prompt; time must elapse in order that the tissues may be destroyed and an eschar formed; and after this, it will sometimes take three or four days before the eschar, formed by the caustic, falls and permits the matter peculiar to the disease to pass off. The bistoury does the work more readily, and must be used not only from the moment suppuration is established, but even from the moment that it is about to establish itself. From the third or fourth day no time should be lost in making an opening, if we wish to avoid the suppuration become necessary, and not allow the diffuse phlegmon to increase and extend itself to other tissues; any lost time may prove fatal to the patient. It is all important to know the moment when the incision becomes necessary, because we may then insist on the operation with the patient, who always refuses to submit to such operations. In private practice, for example, if we propose to a female to make an incision in the fore arm or any other part that is generally uncovered, she will instantly protest against it. We must insist upon it, especially if suppuration becomes inevitable, for it will be the only means of preventing the progress of the disease. Point out to the friends and patient the danger, and it is only by your insisting on the operation, and your conviction of its utility, that you will obtain their consent. The part where diffuse phlegmon happens varies much, and its depth modifies infinitely the gravity of the disease; but it most frequently shows itself in the subcutaneous cellular tissue. This layer of tissue may be considered as composed of many strata; the most superficial one of which, is a tissue adherent to the skin, with which it has intimate connections. This tissue is composed of fat, cellules, lamellæ, fibres, vessels and nerves, intermingled in a thousand ways, like the tissue of felt; it is called, by Velpeau, felted. Still deeper, and in connection with the aponeuroses, the cellular tissue is not disposed in the same manner. It is composed of foliaceous lamellæ, detached one from the other in a certain extent, and may be easily separated by traction, without the aid of the bistoury to dissect them. We see that whilst the separation is easy in this last portion, it is otherwise in the felted layer, and this difference between the two layers is of great importance in surgery; for the process of inflammation will be entirely different in each of them. Between the superficial layer of the subcutaneous cellular tissue and the skin, an inflammatory action is developed; but the want of permeability, the density and compactness of the tissues, are opposed to the great extension of the disease, which will remain limited and circumscribed. Here, then, is the place where the circumscribed phlegmon necessarily shows itself. On the contrary, towards the deep layer, the permeability of the tissue which unites the lamellæ,

the easy separation of these lamellæ, and their extent, all tend to permit a continuous and rapid infiltration ; the inflammation will extend in a diffuse manner, and a diffuse phlegmon will be easily formed. Even this simple difference in the structure and arrangement of the parts which are the seat of the inflammation, influences immensely its march, and consequently the treatment.

The study, then, of surgical anatomy, cannot be too much recommended, since it alone gives important and useful data for the surgeon. Thus, diffuse phlegmon shows itself in the lamellary tissue, under the skin, in the deep layer of the *fascia superficialis*, and it is here that it spreads and extends to a distance. But its march and extension are always governed by the laws of which we have already spoken, when considering sanguineous tumors, namely, the declivity, the density of the tissues, their permeability and compression. For example, a diffuse phlegmon of the fore arm, instead of marching towards the hand, as the weight tends to carry it there, will proceed towards the shoulder, because below it finds strongly stretched, compact and dense aponeuroses, which prevent it from descending towards the hand ; the greater laxity of the cellular tissue of the arm is the cause of this ascension towards the shoulder. Whether diffuse phlegmon be situated superficially, or in the cellular tissue of the deep parts, it always preserves its characters ; there is always greater or less extent of mortification of the tissues. Thus, we have seen in the service a woman who had undergone the amputation of a part of the foot ; with this woman the stump became violently inflamed, and a diffuse phlegmon appeared. The extension of the disease was prevented, and the patient was cured, but the phlegmon lasted sufficiently long to show its characters, and there was mortification of the cellular tissue. In the deep parts of the limbs the phlegmon does not march in the same sense as when it occupies their superficies, or when it is situated under the skin. We know that if it obeyed the law of gravity, it would go downwards, and we also know that the compression of the tissues by the muscles may destroy the influence of this force in the limbs. Suppose that a diffuse phlegmon occupies the inferior and thick part of the calf of the leg, the muscular contraction and the force of gravity will cause it to be propagated downwards ; on the contrary, if it occupied the superficies, it would proceed upwards, the cellular layer being more dense and extended below, and more abundant above. The real danger of diffuse phlegmon arises from the fact that there is an irresistible tendency to diffusion ; no adhesive process is set up during its course to prevent its extension. The cure of diffuse phlegmon is totally unlike that of ordinary phlegmon. Often, there is not a complete reparation of all the tissues affected and mortified. The muscles, deprived of their cellular sheath, themselves destroyed, will not be repaired ; the adjoining fibres will adhere to one another, different fleshy bundles will be confounded, perhaps thus destroying the function of the part, and stiffness, indurations, retractions and deformities, of many kinds, will be induced. If it is the skin, the sub-cutaneous cellular tissue, which is mortified, there will be obliteration and destruction of the vessels, which carry the nutrition and

life from the deep to the superficial parts; the mortified skin will not be reformed, a cicatrized tissue will replace it. It is thus, that when the skin has been mortified in a great extent, the limbs become, thus to say, shipped, and amputation becomes a sad but imperious duty. What we have already said is sufficient to decide us to a prompt and bold treatment of a disease which may become so terrible; to put aside all hesitation and delay, to employ rapidly an energetic treatment. We should endeavor to prevent suppuration; but the third day arrived, we must no longer hope to see the disease retrograde; resolution is become impossible, and the bistoury becomes in our hands the most powerful means to prevent the ulterior progress of the disease. What are the means to employ for the resolution, or rather to avoid the suppuration? The best means, without contradiction, is a methodical pressure; what is especially heroic for the limbs is compression, applied in time to arrest the incipient inflammation, when the tissues are not yet mortified; and it is necessary that the compression be well applied, for we can expect no satisfactory result if the compressive bandage be not perfectly well applied. The compression being well applied, the tissues are brought together, the circulation of the blood is prevented, and in three or four days the patients are sometimes cured. This is the remedy that Velpeau proposed some twenty years since, and which he has daily employed, and it is now much more employed than formerly. Velpeau insists upon the means we ought to employ to obtain an equal compression, which would be easy if the limbs were perfectly cylindrical, but which become difficult because the limbs have so many projections and depressions. Another plan of cure consists in bleeding; but this must be frequent and general; this means does not always arrest the disease, and is not so much to be relied on as compression.

Another resource, still, consists in frictions with mercurial ointment; this often succeeds; flying blisters often succeed very well, but they should be very large, and applied so as to extend beyond the limits of the disease. It is a good means, because if there is not as yet suppuration, it may prevent it, and, if it is established, blisters do not aggravate the disease; it limits it, as it arrests the inflammation of the more distant parts, when there is not as yet suppuration. When we have no longer hope of success from these means, we must resort to incisions, and make many openings to the mortified part.

[To be continued.]

HYDROCEPHALUS.

[Communicated for the Boston Medical and Surgical Journal.]

By this term I mean that stage of a disease, which some have called arachnitis, phrenicula, hydrocephalus acutus, &c., in which symptoms of effusion, softening of a portion of the brain, or other alteration, has taken place, essentially affecting its functions. In the course of a long practice many cases of irritation and inflammation of the brain or its

meninges, tending to the state which I call the hydrocephalic, have undoubtedly been relieved, under my observation and care, before the supervention of dropsy ; but after the occurrence of symptoms indicative of that event, I have seen but two recoveries. The first was the case of a female child, 3 or 4 years old, in which the effusion of lymph was indicated by the pulse, the dilated pupils, enlargement of the head and distortion of the eyes. The case was treated with alterative doses of calomel, counter-irritation, with epispastics, diuretics and cathartics. The head remained enlarged, and the eyes distorted, after recovery. The second case was that of a boy, about 2 years old. After a course of lung fever, decided symptoms of dropsy of the brain made their appearance. For eleven days the child manifested total inability, most of the time, to see or to hear. The pupils of the eyes were dilated, and remained so when exposed to a strong light. The treatment consisted in the daily exhibition of cathartics, either of calomel, aided in its operation by castor oil, senna or rhubarb, generally of calomel and rhubarb combined ; epispastics to the nape of the neck, behind the ears, over the whole scalp, and, at last, on the nape of the neck again. Also, diuretics, such as spirits of nitre ; spts. nit. with ol. terebinth. ; spts. nit. with tinct. lyttæ and vin. colch. Signs of amendment were first noticed immediately after the second vesication of the neck. The recovery was perfect. The case occurred in this town, four years ago. I suppose the assiduous use of mercurial cathartics had a large share of influence in the curative process. The successful result of the treatment, in these two cases, inspired the writer with some degree of hope, under circumstances which, previously, had only filled him with dismay. Alas ! he has recently met with a case whose fatal termination has almost deprived him of that hope, which, though faint and feeble, was yet fondly cherished.

On the 27th ult. I was invited to visit Miss Louisa Foster, an excellent young lady in the town of Leyden. Miss F. was engaged in teaching a school, and boarded at her father's. For several days previous to any sign of disorder in the head, she complained much of weariness, at the close of her daily task. On the 17th, she complained of pain in the back. Pain in the head commenced on the 18th, and, although it increased daily in severity, she continued in her school up to the close of the 21st. In the evening of the 23d, a physician was sent for ; a young gentleman of much promise, Dr. Cross, of Leyden. The pain in the head was then severe, attended with vomiting, constipation of the bowels, intolerance of light and noise, and pulse at 140 per minute. Dr. C. opened a vein and took about six ounces of blood. This caused so much depression of the vital powers, that a repetition of venesection was not attempted. The pulsations, after this, were in daily succession found to be as follows :—40, 75, 56, 56, 66, 78, 100, 84, 76. At my first visit, on the 27th, there was great thirst, vomiting, tenderness at the epigastrium, pain in the head, and obstinate constipation of the bowels. A vesicatory was applied over the stomach, and on the nape of the neck, cold water to the head, and sinapisms to the feet. In-

jections were frequently administered, and small doses of calomel by the mouth. As soon as any active cathartic could be retained, croton oil was given, beginning with one and increasing to three drops for a dose, frequently repeated, until the bowels acted. Afterwards, cathartic doses of calomel, followed with the oils of castor and turpentine, or with croton oil, were daily exhibited. No very thorough and free operation upon the bowels, however, was accomplished. With the constipation of bowels, there was also considerable deficiency of secretion from the kidneys. On the 30th, the symptoms of effusion were, for the first time, unequivocally manifest. The pupils of the eyes were somewhat dilated, and were unaffected by exposure to a strong light. The patient sometimes could not see, or could not hear; had indications of coma; complained of great distress in the head, and, two days before death, paralysis of the muscles of deglutition began to take place. In addition to cathartics and diuretics, iod. pot., in ten-grain doses, was commenced with on the 31st, and continued, once in four hours, for three days. This was suggested by a note to the article on hydrocephalus, in Watson's work, and by a report of four cases of cure effected by it, in Wood's Quarterly Retrospect, October, 1847. Death terminated our patient's sufferings, and our unavailing efforts to save her, on the morning of the 5th inst. Her age was 23 years..

JOHN BROOKS.

Bernardston, February 11th, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 23, 1848.

Bills of Mortality.—Although we have had the matter of last year's mortality bills in mind for some time past, returns come in so slowly that the idea of being possessed of sufficient data for ascertaining all that is desirable on this point, in New England, is now wholly abandoned. Like the returns of births and marriages in the State to the Secretary's office, they are too imperfect and too few in number to furnish a correct knowledge of them. Instead of being full returns for the State, or embracing a more extensive range, we have the meagre exhibition of a few cities only. According to the report of the proper officer, 4122 deaths took place in Boston, in 1847. The prominent diseases that swept off that multitude were:—of the bowels, 453; consumption, 544; dysentery, 222; typhus fever 666; infantile diseases, 248; croup, 102, &c. By estimating the population of Boston at 122,000, the above deaths show the mortality of the city to have been 1 in 29.59 or 3.37 per cent. The actual mortality, however, was not so great as this, for many of the deaths took place among emigrants who had but just landed on our shores. The city has been, and still remains, free from epidemics. The public health was never better.

In Baltimore, the deaths in 1847 were 3,798—of which 500 were by pulmonary consumption.

The city of Rochester had 747 deaths. "The increase of mortality over former years," in that city, "is very considerable. This will be seen if we compare the results exhibited above with those obtained in 1846—the only year, excepting the last, in which the interments out of the city, amounting to more than one fourth of the whole number, were ascertained. In that year the deaths, were 502 in a population of 25,265, and in the present year we have 747 deaths in an estimated population of 28,000. In the first case the rate of mortality is 1 in 50.32, or 1.98 per cent. ; and in the second, the rate 1 in 37.48, or 2.66 per cent. ; thus the rate for 1847 is about as high as that of New York city in ordinary years."

Massachusetts Lunatic Hospital.—Dr. Chandler, the successor of Dr. Woodward, has presented the Legislature with the fifteenth annual report, in which we discover that the policy which from the first has raised this institution to one of the best in the world, still influences the trustees, and all others officially connected with it. Something begins to be said of having another, in some other part of the Commonwealth, as this at Worcester cannot accommodate all the applicants. It was a sad mistake that the institution was located on the spot where it is. Before the people of Worcester are aware of it, the insane establishment will be almost in the centre of their new city. Had a farm of some two hundred acres been selected in the first place, remote from the business section of the place, it would have been much better. It is not improbable that this colossal charity, with all its buildings, will be removed to some more suitable site. A feeling that the interests of humanity require this, aside from economy, begins to be agitated. There is not room enough. Patients are made uncomfortable, it seems, and the officers are perplexed with this excess of inmates over the means of accommodation. The year closed with 396 patients. The expense of supporting the institution in 1847 was \$39,444 77. The Report of the Superintendent is a clear, well-constructed, satisfactory document. May the Superintendent long live to solace the afflicted, and befriend those who have neither reason or fortune.

Man's Physical Being and Disorders.—"Medical reform" is the cry through the land ; but the sound comes especially from those who know nothing about medicine. A great multitude of ignorant people, including a strong representation of old women, and busybody, antiquated maidens, have raised their loud voices in favor of a medical revolution, which shall comport with their crude notions of a true system of practice. But unfortunately for the clamorous multitude, they cannot agree among themselves upon a plan that all of them are willing to embrace. Still, like the Parisian mob before the Bastille, the shout goes forth—"down with the mighty engine of tyranny—down with the king who preys upon the vitals of the nation." Were it worth while to analyze the different tribes of would-be reformers in the United States, beginning with Thomsonians, the ancestral family of every grade of medicine mongers, down to the no-meat eaters, who would have penal laws enacted against dining on roast beef, it might be shown that there are a few leading spirits, among them, coveting distinction by riding on the shoulders of the vulgar rabble—shouting, as they go, *reform—medical reform!*

A friend has presented us with a small duodecimo, entitled "Medical Reform—a treatise on man's physical being and disorders, embracing an outline of a theory of human life, and a theory of disease, its nature, cause and remedy. By Isaac Jennings, M.D." The book was published at Oberlin, Ohio, a place of some notoriety on account of the new theories and whims which hold a controlling influence over certain persons there engaged in educational pursuits. Only a week ago the papers heralded the astounding fact that one of the faculty of the Oberlin Institute had passed through a typhus fever, without taking a particle of medicine, and, more triumphantly glorious still, without seeing a physician! Well, the book, radical as the most determined bran-pudding advocate could desire, proposes nothing new, although the author seems to suppose that he is entirely original in his views. He has fallen in the ruts on the old road travelled over by our honest vegetable-fed Dr. Alcott—and he drags along, up to the hubs, indulging in the animating idea that he is a pioneer of a new country, never before examined by human eyes. Honoring industry and admiring genius, in whatever department of society they are discoverable, we yet contemplate the writer of a book, whose ambition seeks no higher aim than attempting to prove that all who have preceded him in the practice of physic were ignoramuses or knaves, as being either a lunatic, or a victim in some other way to his own practice. This treatise may have a local interest at Oberlin, and the author be spoken of as a giant, who has taken the bull by the horns with a decided prospect of a triumphant victory; but even this influence will be transient. Dr. Jennings is unquestionably a well-wisher to humanity—but he was not born to convince or reform. His arguments are not current coin all over the Union—and men and women will continue to avail themselves of the services of discreet medical practitioners, as they always have done, without caring a fig for the author of "Man's Physical Being and Disorders," or his protest against modern medicine, the philosophy on which it is based, its teachers and expounders.

Peaslee's Synopsis of Lectures on Physiology.—If Dr. Peaslee discourses upon one half the topics systematically expressed in this published synopsis of fifty-four pages, he certainly gives the students their money's worth. E. R. Peaslee, M.D., is the Professor of Anatomy and Physiology in Dartmouth College, a venerable and excellent institution, which has always enjoyed a high reputation. The medical department has been maintained at a point of elevation entirely satisfactory to the pride of New England physicians. The names of Drs. Nathan Smith, Cyrus Perkins, and Mussey, were pillars that sustained a noble edifice. Dr. Peaslee gives an annual course of lectures on general and human physiology, in which are embraced the subjects referred to in this pamphlet, under appropriate heads, comprising an extensive series of discourses of intense interest, and of great value to the cultivators of physiological science. As Dr. Peaslee is about commencing his lectures at the Medical School of Maine, in Bowdoin College, we suppose that he will pursue the same course there, which meets with applause at Dartmouth, and therefore recommend students to avail themselves of the opportunity of studying physiology systematically, under the guidance of such an able instructor.

Introductory Lecture in New York.—A New York correspondent calls our attention to the alleged reprehensible character of a portion of an introductory lecture delivered in November last, by a medical professor in that city. The parts considered objectionable are those in which the Professor describes the mode in which he has induced abortion. The chief ground of his complaint, however, is not so much the character of the lecture itself, as the fact that its insertion has been procured (he intimates by the lecturer himself) in the columns of the New York Herald, where it appeared on the 13th inst. In connection with this fact, he mentions that some months since the lecturer voluntarily explained, in open Court, in the case of the notorious Restell, "how abortion was to be produced." We insert the latter part of our correspondent's communication, with the remark, that we make no charge ourselves against any one in this matter, as we are otherwise ignorant of the circumstances, but we feel, in common, we trust, with the great body of the profession, that a practitioner cannot be too cautious in disseminating among the mass of the people any information which may operate as a temptation to immorality and vice. He says:—

"The lecturer, after stating that, 'he has been repeatedly consulted, &c. &c.,' goes on to say, 'my opinion in this case was, that the vomiting was sympathetic and produced by irritation of the womb. I therefore suggested the propriety of endeavoring to induce contraction of that organ, in order that its contents might be expelled. This view was concurred in by Dr. W———. Accordingly, *without a moment's delay*, I introduced a female catheter into the womb and ruptured the membranes; and in a short time the uterus contracted, and a mass of hydatids was thrown off. Immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme debility, recovered, and is now in the enjoyment of perfect health.' This lecture was delivered by a member of the New York Academy of Medicine and a professor in a Medical School, and it is published, three months and a half after delivery, in the columns of the New York Herald. Is the Professor desirous of obtaining the business of Madame Restell? What action will the Academy and the Grand Jury take in the premises?"

Prof. Simpson's Process of purifying Chloroform. To THE EDITOR.—Sir,—Having received a recent communication from Prof. J. Y. Simpson, enclosing the following directions for the manufacture of pure chloroform, I offer them for publication, agreeably to his request, as he says that his previous formula was deficient in not stating the purifying process, which he holds essential in every respect, not only for the safety of the patient, but the success of the application. He believes that all the reputed failures and misadventures with chloroform are attributable to two causes, viz., 1st, using an impure and imperfect variety of chloroform; and 2d, in not giving it in sufficiently large and rapid doses. The formula employed is that of Dumas—R. Chloride of lime, lbs. iv.; distilled water, lbs. xii.; rect. spirit, oz. xii. After being mixed and distilled over, the chloroform is to be separated from the upper liquid, and purified by being mixed with half its measure of sulph. acid, then it is to be poured into a retort and distilled from an equal quantity of carb. barytes. The product should be allowed to stand over quick lime for two or three days, and then be re-distilled. In connection with the above, I have received a particular description of the apparatus employed by Duncan & Flockhart, chemists, Edinburgh, with

their method, and have made arrangements with Mr. N. Hunt to superintend its manufacture, as he has every facility required for the production of a superior article.

Yours respectfully,

Boston, February 10, 1848.

E. R. SMILIE.

Boylston Medical Society.—The annual prizes of this Society for the year 1847–8 were awarded to the following gentlemen:—1st prize to Mr. Waldo I. Burnett, for a dissertation on Carcinoma. 2d prize to Mr. Samuel L. Bigelow, for a dissertation on Tubercular Meningitis. 3d prize to Mr. Calvin Ellis, for a dissertation on Inflammation of Mucous Membranes. 4th prize to Mr. Geo. C. S. Choate, for a dissertation on pleurisy.

JAMES C. NEILSON, *Sec'y of the Boylston Med. Soc'y.*

Yellow Fever.—The late epidemic was probably the most extensive that ever prevailed in this city. As to its severity and mortality, there may be difference of opinion. It is impossible to make a correct computation of the whole number of cases. Some have estimated it as high as *twenty or twenty-five thousand*, but we are inclined to think either of these calculations above the truth. As to the mortality, the reports from the cemeteries, as well as they could be obtained from the Board of Health, only make out something upwards of 2300 from yellow fever; but this again is thought by many to be far short of the reality. It is much to be regretted that we cannot obtain greater precision in such important details. The fever raged as an epidemic about two months, and the greatest mortality from it was in September, when the number of deaths reported to the Board of Health, amounted to 1044. During the prevalence of yellow fever in this city, the most frightful and exaggerated reports circulated abroad, but we shall really never get at the truth, unless greater efforts be made than any hitherto exercised.—*N. Orleans Med. and Surg. Jour.*

New Books Received.—Disorders of the *Cerebral Circulation*, and connection between affections of the brain and diseases of the heart, by George Burrows, M.D., &c., with colored plates—from the press of Messrs Lea & Blanchard, Philadelphia; an elegant and important work.—A *Practical Treatise on the Causes, Symptoms and Treatment of Spermatorrhœa*, by M. Lallemand; translated from the French and edited by Henry, J. M'Dougall, &c. Also published by Lea & Blanchard.—A Lecture introductory to a course on Obstetrics and the Diseases of Women and Children, by G. S. Bedford, M.D., in the University of New York.—Phosphorus—an introductory Lecture in the University of New York, by J. W. Draper, M.D., Professor of Chemistry.—A Descriptive Catalogue has been issued by Ticknor & Co., of the anatomical museum of the Boston Society for Medical Improvement, by J. B. S. Jackson, M.D., Curator, &c., of 352 octavo pages, accompanied by a few plates. The collection is exceedingly interesting and valuable.

TO CORRESPONDENTS.—The publication of the articles on Typhus or Ship Fever has been necessarily suspended for the present, Dr. Upham, the author, being unexpectedly called from the city by the death of his father.—“J. Prideaux, M.D., of Vermont,” is a signature too indefinite for the criticisms on the Medical Schools of Philadelphia, and we must therefore decline inserting them.

In South Middletown, N. Y., Dr. John N. D. P. Pronk, formerly of Boston, 72.—At New Orleans, Dr. Wm. J. Powell, Assist. Surg. U. S. N., 35.

Report of Deaths in Boston—for the week ending Feb. 19th, 66.—Males, 36—females, 30.—Stillborn, 10. Of consumption, 17—typhus fever, 10—lung fever, 4—scarlet fever, 2—rheumatic fever, 1—teething, 3—dysentery, 3—croup, 4—hooping cough, 2—diarrhoea, 1—intemperance, 1—canker, 1—inflammation of the lungs, 2—infantile, 2—marasmus, 1—old age, 1—strangulation, 1—disease of the heart, 2—dropsy on the brain, 2—drowned, 1—paralysis, 1—smallpox, 1—inflammation of the bowels, 1—poison, 1—scrofula, 1.

Under 5 years, 19—between 5 and 20 years, 15—between 20 and 40 years, 12—between 40 and 60 years, 15—over 60 years, 5.

Medical Miscellany.—Smallpox has appeared among the lumbermen at the head of Moose Lake, in Maine. It has also appeared at Utica, N. Y., in a female academy, causing a great degree of excitement. At St. Louis, Missouri, it still keeps up an alarm.—Scarlet fever is very prevalent at New Orleans. The Charity Hospital has also an unusual number of typhus fever cases.—Fifteen persons died in Corunna, Michigan, during the three weeks preceding the 28th ult., with spotted fever.—A Philadelphia physician has tried chloroform for asthma, in his own person, with eminent success. He was relieved in a few minutes.—The Washington Union notices the late surprising advantages found to result from the use of chloroform in surgical operations, deadening the pain and preventing writhing of the body, and says: "We understand that the surgeon general of the army of the United States has already taken it in hand: so effectually has this new discovery overcome the first prejudices which oppose bold innovations, that a supply of the article has been sent to the armies of the United States, for hospital purposes."—Dr. Locomock is the medical man who has returned his professional income at £30,000 a year for taxation. Dr. L. expects a baronetcy.—The Legislature of Tennessee have appropriated \$40,000 for a lunatic hospital, in that State, which is very much needed.—By the printed specimens which have reached Boston, it would seem that some pretty significant but not very gentlemanly epithets have been mutually and publicly bestowed upon each other, by a Professor and Student in one of the New York Medical Schools.

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[Feb. 9.—eplry.]

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, MARCH 1, 1848.

No. 5.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 197, vol. xxxvii.]

EPSOM.—Since the appearance of the preceding paper, the writer has had an opportunity of revisiting and repeating his observations at some of the Continental mineral springs—Aix-la-Chapelle, Wiesbaden, &c. He will reserve for a future occasion his notice of these, and of the mineral waters of this country.

Fibrin.—It is, perhaps, scarcely necessary here to remark, that Mulder's view of the nature of fibrin is, at present, the one generally received. His opinion is, that there is a certain substance, called protein, of which albumen, fibrin and casein, are modifications. This chemist also first announced the fact, that fibrin exists in vegetable, as well as in animal bodies. It is found in two states—in solution in the blood, and organized into muscle. For minute chemical details respecting it, I refer the reader to works of systematic chemistry.

Although it was immemorially known that human life could be supported on vegetable food alone, yet Mulder's discovery of the presence of fibrin, in this species of aliment, opened a considerable light, both on the uses and organization of the vegetable kingdom, and on the physiology of the nutrition of animals. It showed that the vegetable kingdom is a vast laboratory, mediate between lifeless and inorganic substances, on the one hand, and organized and vitalized creation on the other; and that at least one principal use of this laboratory is, first, to draw from minerals, and then to organize certain principles which, thus prepared, are suited to sustain the various tribes of animals.

If, as is alleged, vegetable substances contain the protein compounds, equally with animal substances, we do not perceive how it is consistent, in those who hold this view, to insist, as some of them do, on the absolute necessity of nitrogenous food (meaning thereby animal diet) for the full preservation of health.

The truth is, as the writer has elsewhere cited facts to show, that the views recently announced by Liebig, and adopted by certain chemists of this country, as to the supposed necessity of nicely-arranged proportions of calorifiant, or respiratory food, on the one hand, and of nitrogenous aliment, on the other, are greatly, if not entirely, speculative, and are no way countenanced by facts and experience. The Gauchos of

South America—not to instance other examples—live on animal food, to the *total* exclusion of vegetable, and are the healthiest, most vigorous, and best-formed men. On the other hand, many Asiatic tribes live on grains or vegetables, to the *total* exclusion of animal food; but examples exist nearer home. Where shall we see a more muscular and vigorous race than the Irish peasantry? Yet nineteen-twentieths of these pass from January to December without ever tasting aught but potatoes and buttermilk.

With these facts before us, we may well wonder at the pertinacity with which various recent writers, on grounds purely speculative, waste their own and their reader's time in laborious expositions of the alleged necessity, and calculations on the proper proportions, of a mixed diet. It is said that animal diet is peculiarly prophylactic of fever, &c.—an allegation without proof. In all cases in which this statement seems, but seems only, to be borne out by facts, it will be found, on inquiry, that while there was a destitution of animal food, there was also a destitution of good farinaceous and vegetable diet. But where can an example be produced of disease making progress in a community *abundantly* supplied with *wholesome* vegetable aliment, where the evil was not to be accounted for on grounds other than the want of animal diet? There is no doubt that a man accustomed to animal food, and suddenly reduced to vegetable, is apt to fall into disease, or to become a victim of any prevailing epidemic. But the converse is equally true—namely, that habitual vegetable feeders, suddenly using animal diet, suffer serious inconveniences and risks.

Even as it regards disease, it is far from settled in what cases vegetable and animal diet is respectively most appropriate. In cases of anæmia, and convalescence from diseases attended with great absorption of the solids, animal diet is most suitable. On the other hand, all affections resulting from, or accompanied by, plethora, all cases of phlegmonous tumors; all affections of the lungs, liver, or gastro-enteric mucous surfaces, attended with hyperæmia and *tenderness*, are best treated by a farinaceous or even an herbaceous diet. The less exciting effect of vegetable than of animal diet is explicable on the principles stated in a former paper.

Flatulence.—Flatulence of the stomach and bowels has two principal sources—the liquid and solid alimentary ingesta, and (as some assert) exhalation from the mucous membrane. We must frankly own that we have yet met with no grounds other than conjectural for the latter view; we are aware of no *facts* that prove it. True, indeed, John Hunter—an authority not lightly to be questioned—supposed exhalation from the mucous surface to be an occasional source of gaseous distention; still we must repeat our opinion, that the alleged fact rests on no *positive* evidence; while there are not a few strong presumptions against it, into the consideration of which, however, it would not be expedient to enter now. Suffice it only here to observe, that if the rapid meteorismi or pneumatoses which arise in the last stages of adynamic fevers, &c., seem to prove the fact of the sudden secretion of gases by the mucous mem-

brane, is it not just as likely, we would ask, that the phenomena named are due to the suspension of secretion and nervous action in the stomach and bowels, and the opportunity thence afforded for the play of the ordinary chemical affinities in the aliment or *excretions* in the stomach and intestines—nay, perhaps, to some morbid secretions, the consequence of depressed or dormant vital power, and which actually favor the occurrence of ordinary chemical action in the contents of the bowels, and the thence resulting extrication of gases? This, at least, is a more *probable* supposition than the other.

On the same principle, I would account for the air eructated in gastritis, hepatitis, &c. The vital and conservative power of the mucous membrane being in these cases greatly reduced, while, at the same time, the temperature of the stomach is greatly augmented, the play of *non-vital* chemical affinities is favored—the stomach's own *infra-natural* secretions becoming the ready subject of these.

A third source of gaseous fluid in the stomach and intestines may be named, though we consider it as of little importance—namely, the atmospheric air swallowed in the acts of mastication and deglutition, and mechanically contained in the articles eaten, as, for example, in the pores of bread, &c.

The gases of the stomach are principally nitrogen, oxygen and carbonic acid, nearly in the proportions of atmospheric air. The gases of the intestines are those now named, and, in addition, carbonetted hydrogen, hydrogen, and occasionally sulphuretted hydrogen. The intestinal gases are further often loaded with vaporous particles of the fœtid contents of the bowels.

Flatulence, as we have formerly remarked, is often due to an inefficient action of the liver, and a deficiency of bile in the intestines. Whatever promotes the hepatic secretion tends to remove flatulence of this origin; hence, a few drops of colchicum wine are often effectual. Still more sure are minute doses of mercury. An ante-dinner and an evening pill, consisting of a grain of blue pill and three of extract of rhubarb, acts with wonderful good effect in many cases of this kind, in which, along with flatulence, there are slight constipation, yellow-furred tongue, ill-tasted mouth, &c. As in gastro-duodenitis, there is often, from the vascular tumescence of the duodenal mucous membrane, a constriction, and sometimes complete temporary occlusion of the mouth of the ductus communis choledochus, with, of course, interruption to the discharge of bile; hence, in part, the flatulent eructations, &c., which accompany gastro-duodenitis. It is far from unlikely that the pancreatic duct and secretion are often affected in a similar way; but for some unaccountable reason, it has not pleased pathologists of any age to pay much attention to this unobtrusive viscus—some seeming even to think that it, as well as the spleen and supra-renal capsules, are not necessary, because not understood.

Treatment.—When the tongue is pale, when there is no tenderness on pressure at the epigastrium, or in the right hypochondrium, when there is no thirst, no dry heat of skin, and no quickness of pulse, flatulence

requires carminatives, bitters, and even stimulants. Thus the patient may be directed to use freely any of the following waters:—cinnamon, fennel, cassia, pimento, peppermint, pennyroyal, mint, Cologne, lavender, caraway, aniseed, dill, balm; to these, some of the respective tinctures may be added. With the carminative waters just named, one or more of the following bitters may be given—camomile, quassia, columba, absinthium, rhubarb, to which may be added valerian, castoreum and camphor. As an expellent of flatus existing in the bowels, assafoetida, or oil of turpentine, the former given by the mouth, or in injection; the latter, in injection, are superior to all things else, excepting, perhaps, the infusion and spirit of armoracia.

Secondly. If flatulence is accompanied with a dry and preternaturally red tongue and fauces, with thirst, heat of skin, tenderness of epigastrium, scanty and high-colored urine, heartburn, &c.—in short, with symptoms of inflammatory irritation of the gastro-duodenal mucous membrane, then alteratives are clearly indicated, or rather such substances as promote the secretions of the mucous membrane; these are ipecacuan, sulphur, potassio-tartrate of antimony, the various preparations of mercury, magnesia, iodine, nitrate of silver. These we would be disposed to give a trial to successively, almost in the order in which we have named them. But a great variety of other means may be tried, and among these the following, in those cases in which flatulence is accompanied with obvious torpor and fulness of the liver, as well as with gastric irritation. The wine of colchicum, for example, may be given with a few grains of the sulphate of potass, or if there are acrid eructations and heartburn, with carbonate of magnesia; the infusion or tincture of arnica may be given in the same combination, and so may the powder and extract of cusparia. In short, instead of perplexing our minds with the confused subdivisions of authors, whose classifications betray they had no clear and scientific notions of the proper treatment of flatulence, the simple point to be ascertained and kept in view is, whether flatulence (always a mere symptom) is or is not attended with inflammatory irritation, is or is not attended with stomachic debility—and according as we decide these queries, we adopt the former or latter modes of treatment above enumerated.

When the eructations are acid, the most of vegetables in common use, except the cereal, must be abstained from. As Dr. Prout remarks, that, in the treatment of saccharine diabetes, he has seen the incautious use of one or two ripe pears undo all the apparent improvement of weeks or months of skilful medicinal and dietetic management, so it often happens in persons subject to flatulence, that a very minute and apparently trivial indulgence induces not unfrequently the utmost degree of uncomfortable gaseous distension, with its attendant sufferings, headache, &c. This is less to be wondered at, when it is considered that, according to Dr. Hales, the quantity of gas extricated from an apple, in the course of its undergoing the fermentative process, amounts to nearly 700 times its bulk.

Cases occur in both sexes of a sort of passive flatulence, so to name it—

namely, meteorismus, unattended with any marked signs of stomachic or intestinal irritation, or with much discomfort, excepting the frequent necessity of getting rid of the flatus. In such cases, the flatus is usually nearly or wholly free of ill odor, and probably consists of nitrogen, oxygen, and perhaps carbonic acid, in nearly the proportions of atmospheric air. The treatment of these cases I have found more troublesome than their simple nature would lead, *a priori*, to expect. One or two have entirely baffled every form of treatment adopted, and the last accounts from one patient, a clergyman in the South of England, inform me that the annoying affection continues just as it was when he first put himself under my care nearly two years ago.

There can be little doubt that the occurrence of flatulence is immensely favored by the temperature at which many persons swallow soups, coffee, tea, &c., and the debilitating effect which large and systematic potations of the latter have on the functions and secretions of the gastro-enteric mucous membrane. The truth is, that cold, applied in drinks of low temperature, and even in iced fluids, is not less remarkable as a *stomachic tonic*, than is the *external* application of cold as a tonic of the sentient and motor nerves.

In connection with the present notice we refer the reader to the former notices of carminatives, condiments, &c., in preceding numbers.
—*London Lancet*.

THE BITE OF THE RATTLESNAKE.

BY CHARLES A. PHELPS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE fate of the late lamented Dr. Wainwright, of New York, gives at this time a sad interest to inquiries on this subject. In the account of his case published in the newspapers, the full details of his treatment are not given. There is one remedy, however, which appears deserving of further trial. I refer to olive oil.

In the Philosophical Transactions of the Royal Society of London, for the year 1734, mention is made of a viper catcher, who having been frequently bitten, had always cured himself with sweet olive oil. He was induced to make trial of its effects at a meeting of the Royal Society. Stripping his arm, he compelled the enraged animal to strike him forcibly. The poison was allowed to act upon his system until his head, face and tongue were greatly swollen, his face and arm quite black, and his senses much affected. Oil was then given internally, and the wound freely bathed with the same, after which he gradually but soon recovered. In the same volume an account is furnished of some experiments made subsequently at Oxford, in which a viper could not be made to bite a part of the hand which had been smeared with oil, although it did so readily after the oil was removed. These undoubtedly were the common English vipers—the *coluber berus* of Linnæus.

In Vol. II., No. 2, of the Medical Repository, published in New York in 1798, an article is found narrating its use in South Carolina in 1786, in the case of a woman bitten by the deadly rattlesnake of our country (the *crotalus* of Linnæus). In this instance the head and face were greatly swollen, the tongue swollen and protruded, the face black, the senses affected, and extreme difficulty in respiration. Two drachms of olive oil were administered internally, followed by an immediate abatement of the symptoms, and in thirty minutes by emesis and dejections. After this he became rapidly convalescent, and soon wholly recovered.

To come nearer home, I would mention a case related to me several years since by Dr. A. Phelps, of this city. It was that of a man who had some fifty rattlesnakes which he exhibited. Imprudently exposing himself on one occasion, he was severely bitten in the hand. The usual symptoms immediately manifested themselves. Olive oil was given internally, and the hand and wrist immersed in the same for twelve hours. In a short time after the oil was exhibited, the symptoms subsided, and the following day the man was as well as usual.

This remedy was used successfully at Dresden by Dr. Vater. Also in England by Mr. Oliver (for the history of his experiments, see *Philosophical Transactions*, Vol. XXXIX). It is said to have been used ineffectually at Paris by Messrs. Geoffroy and Hunauld, of the Royal Academy. Combined with ammonia it was highly recommended by the celebrated Bernard de Jussieu. Dr. Mead tells us that the viper catchers in England used, as a specific upon which they placed the greatest reliance, the *axungia*! of the viper rubbed into the wound. The ointment of M. Gondret was prepared with oil of olives, $\frac{3}{4}$ ss.; tallow, $\frac{3}{4}$ ss.; ammonia, $\frac{3}{4}$ j. Orfila, in his work on Poisons, recommends the application of heated olive oil to the wound. The famous *eau de luce*, which was attended with success in the hands of de Jussieu and M. Sonnini, the latter of whom, in his *Travels in Greece and Turkey*, details an interesting case of a child cured by its use, is well known to have been composed of *oleum succini* in union with a volatile alkali. Is it not probable that these remedies acted in a similar manner to olive oil itself?

It is not necessary to speak here of the various other remedies advised in the treatment of these venomous bites. It is to be regretted that opinions on this subject are so unsettled, and that more satisfactory results have not been always reached. I would ask, however, if the foregoing does not warrant a further use of olive oil. Whether any resort was had to it in the case of Dr. W. before alluded to, I am not informed.

Boston, January 14th, 1848.

NITRATE OF SILVER IN MEMBRANOUS CROUP.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The reading of the case of membranous croup, treated with nitrate of silver, reported by Dr. C. E. Ware in your Journal, No.

21, vol. 37, has induced me to send you the following case, which came under my observation, for insertion in the Journal, if you think best.

On the 23d of November last, I was requested to visit H. P., aged about 15 years, laboring, as her parents supposed, under a severe and protracted cold. Her disease, in fact, was *cynanche trachealis*, evidently, in my mind, to prove fatal soon, unless something could be done to remove the *false membrane* which had been formed, nobody knows how long. It was a case characteristic of croup in its last stages; face flushed and swollen; eyes protuberant; breathing was performed with a frightful hissing noise; pulse 110 in a minute. Gave her an emetic immediately, which gave temporary relief. Ordered onion poultice to the neck, and prescribed such other medicines as in my judgment were called for. This was in the evening. Visited her the next morning. As I anticipated, I found her no better. Could hear her breathe, although in an adjoining room with closed doors. Realizing sensibly, that her case would soon prove fatal, unless some more efficient means could be devised, I resolved, as a *dernier resort*, to make use of a strong solution of nitrate of silver. It was accordingly prepared, and a spongy substance, well saturated with it, was introduced low down into the trachea. The breathing presently grew worse; but within an hour looseness seemed to take place, which promised relief. Considerable slimy, ropy matter was got rid of, which, as the saying is, seemed to come from the "right spot," and within an hour and a half from the time the solution was made use of, a piece of false membrane was thrown off, an inch long, hollow, tube-like. The effect was immediate relief. Her breathing, which was distressingly performed but a short time previously, was now nearly natural, and she could talk distinctly, which she had not done for many days before.

So much for the nitrate of silver in this case. What it will do in all similar cases, I cannot say. At any rate, if one presents itself, which I sincerely pray never will, I shall most assuredly give it a fair trial. In conclusion, I would say, that I have not the least doubt that it saved the life of the patient above referred to.

L. ALDRICH.

Reading, Vt., Feb., 1848.

EFFECTS OF ACIDS ON THE TEETH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I beg leave, through the pages of your valuable Journal, to call the attention of medical practitioners to the importance of counselling their patients in regard to thoroughly cleansing the mouth after taking medicines containing acids. All physicians do not pay proper attention to this subject, as many persons, recovering from a lingering illness with their teeth irreparably ruined, can testify. I have often known medicines administered, the acrid properties of which were capable of producing serious injury to the teeth and contiguous parts, unaccompanied by a word of caution or advice as to warding off their evil effects. The

teeth being composed mostly of phosphate and carbonate of lime, are readily acted upon by any acid. It has been found by experiment that all mineral and vegetable acids readily act upon their structure. From experiments instituted by Prof. Westcott, for the purpose of ascertaining some of these effects, it was found that "acetic" acid would so corrode the enamel in forty-eight hours, that it could easily be removed by the finger nail; likewise that "citric" acid, or lemon juice, when brought in contact, still more readily acted upon the teeth, and also sulphuric and nitric ether, as well as spirits of nitre. Hence we see how necessary that the greatest caution should be exercised to keep substances from remaining in contact with organs thus constituted, by thoroughly cleaning the mouth after taking them. Acids are often far more destructive in their effects than caries, the latter disease frequently confining its effects to an occasional tooth, forming a cavity that can either be filled or eradicated with the file; whereas the former attacks indiscriminately the polished surfaces of the whole range of teeth that may have been in contact with the acid, sometimes completely removing their enamel, and exposing their bony structures to certain destruction.

But a short time ago I examined the mouth of a lady who had but recently recovered from a protracted illness, that presented a lamentable appearance. She stated that previous to her sickness she was not aware that she had more than one or two decayed teeth, and these in the lower jaw; whereas, now the incisors, cuspids and bicuspid, of the superior maxillary, were involved in almost utter ruin, the enamel being wholly removed from around their necks, the cause being imputed to taking medicines containing mineral acids.

Hundreds have had their teeth destroyed by acid tonics carelessly administered, without any means being recommended or adopted to counteract their injurious properties. It is true that calomel is the scape goat that is saddled with the sins that should otherwise be laid at the door of the physician. Should not every practitioner's conscience hold him strictly accountable for any injuries his medicines may inflict upon the dental organs, that might have been prevented by a word of timely caution or advice? It should be borne in mind that these organs are not so highly organized as others, not having the power of restoration. Let a membrane become exposed or a tooth deprived of its enamelled coating, and it is, as it were, irrecoverably lost; the constitution possesses no recuperative power to repair the injury. It is a lamentable fact that the peculiar structure of the teeth, and their liability to be injured by external agents, has not been duly considered; for in no other way can we account for the erroneous ideas entertained by men whose province it should be to promote, as far as possible, the health of the buccal cavity on account of its relations and bearings to every part of the body. When the mouth becomes diseased, all other organs of the system must be more or less deranged.

It should, then, be the province of every physician, when compelled to administer medicines that contain acids, to advise patients to adopt some means to prevent their evil effects on the teeth. This can be ac-

complished, in a great measure, by the frequent application of an alkaline dentifrice and a soft brush, also by rinsing or gargling the mouth with a weak solution of carbonate of soda, or any mild astringent, after each dose of medicine.

I offer the above remarks with all deference to the profession, being mainly influenced in so doing by the strong conviction of the importance of saving and keeping in health these valuable organs, so intimately connected with the well-being of the whole animal economy.

Morristown, N. J., Feb., 1848.

G. F. J. COLBURN.

SUMMARY OF PROF. VELPEAU'S LAST SURGICAL REPORT.—NO. IV.

BY F. WILLIS FISHER, M.D.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 81.]

CIRCUMSCRIBED PHLEGMON; ITS CAUSE; ITS TREATMENT—ABSCESS; PARTICULARITIES ACCORDING TO THE REGIONS—IMPORTANCE OF SURGICAL ANATOMY.

SIMPLE phlegmon has occurred in 14 patients as the principal disease, and all got well under the treatment employed for their recovery. It may be well to compare the history of simple with that of diffuse phlegmon. Although there are great differences between these two affections, yet there are also certain intimate analogies. To those persons who do not study them with sufficient care, these two affections may appear alike, and it is on this account that years elapsed before a clear and decided distinction was established; even Boyer himself did not insist upon this subject. In simple phlegmon there is swelling, redness, heat and pain, which occur as well in circumscribed as in diffuse phlegmon, both of which are an inflammation of the cellular tissue. In what, then, do they differ? In this, that simple phlegmon always observes a limited boundary a little distant from the disease; that is to say, an adhesive inflammation is established all around, which tends to put a limit to the progress of the disease; on the contrary, there is nothing like this in diffuse phlegmon, which tends incessantly to invade the neighboring parts. Diffuse phlegmon presents itself rather in a patch than in the form of a tumor; it spreads in a sheet, occupies the surface for a great extent, and gains little in depth. Circumscribed phlegmon presents itself in the form of a conoid tumor. We know that the other differential characteristic is mortification; the inflammation of diffuse phlegmon is a gangrenous inflammation, which does not take place in circumscribed phlegmon, which passes through its periods without producing mortification. These are the manifest differences which it is necessary always to consider as diagnostic. As these differences exist, we naturally seek an explanation why two affections that appear at first sight so much alike, present such differential characteristics. Diffuse phlegmon must depend upon a specific cause, or its differential characters are to be attributed to an organic arrangement—a cause entirely mechanical. It would be more satisfactory to the mind, perhaps, to attribute these peculiarities to a specific cause,

but this is not reasonable. Simple phlegmon may become diffuse, and diffuse phlegmon simple; there is then something organic and mechanical which governs the differences. According to Velpeau, diffuse phlegmon occupies the profound layers of the sub-cutaneous cellular tissue; this inflammation marches between these layers in the course of the aponeuroses, which evidently favors the inflammation, the obliteration and the destruction of the vessels which are distributed to the cellular tissue, &c. In circumscribed phlegmon, the inflammation occupies the superficial layer of the sub-cutaneous cellular tissue, that is to say, the *felted* layer, which has already been spoken of. This tissue being little permeable, and but susceptible of infiltration, the phlegmasia does not tend to spread largely in it to produce gangrene. If the inflammation is circumscribed, it does not, by the lesions that it causes them to experience, prevent the small vessels of the neighboring parts from keeping alive and vivifying the part where it is developed. Few of these vessels may be obliterated, and when this happens the neighboring ones supply their place. Unfortunately, these remarks can be applied only to the sub-cutaneous cellular tissue; the same cannot be said of simple and circumscribed phlegmon which occupies the depth of the limbs. This limitation of the phlegmon is owing to the adhesive process; but why this adhesive process in one case and not in the other? Finally, anatomy cannot show us the physical, mechanical cause that we have at first supposed, and on the other hand we have seen that it was not always possible to make out the specific cause. The circumscribed phlegmon, moreover, shows itself in different regions, like erysipelas, contusions, sanguine effusions; and in each of them it acts differently by reason of the influences we have already enumerated, and the influence of weight, permeability, density and compression. This last cause plays an important part in the march of phlegmon. Moreover, all these conditions are very important to note for diffuse phlegmon; simple phlegmon has a form which is always subordinate to these conditions. If the phlegmon is developed in the middle of the thigh, and is sub-cutaneous, the forces of weight, the permeability of the cellular tissue, the density, &c., will be counterbalanced, and the phlegmon will not be developed even in one direction sooner than in another; if it is situated in the centre of the limb, it will in general tend to descend. The compression has always an important influence when the phlegmon is established in the centre of the limb. There are cases in which its progress will be upwards or downwards, according as it is developed at a point a little higher or lower, in the limb. Thus, we know that the sartorius muscle crosses the thigh diagonally. If the phlegmon is established above this muscle, it will have a tendency to progress upwards; if situated below this muscle, the circumscribed phlegmon will tend to descend, because the muscle opposes its ascendant march. According as the phlegmon occupies a place to the right or left of the sartorius, it will go on progressing in one sense or the other. The adductors may

drive the phlegmon outwards ; if it is developed in the triceps, it will extend in a variable manner according to the cases. The prognostic and therapeutics of simple phlegmon, do they differ from those of diffuse phlegmon ? Simple phlegmon is not a grave disease, and often disappears when abandoned to the resources of nature. The treatment that ought to be employed is very simple, and if we take it in season we may prevent suppuration being established. We may even hope for resolution as late as the sixth or seventh day, because it is not the same here as in diffuse phlegmon ; there is no gangrene or mortification of the tissues, which acting like foreign bodies, determines the formation of pus whatever we may do. Resolution may sometimes be obtained without resorting to incisions with the bistoury ; we obtain it by covering the phlegmon, which has already commenced to suppurate, with large flying blisters.

These blisters have an action truly energetic ; they may cure the disease in its earliest stage, before the suppuration is yet formed ; it is then an excellent means ; but we may sometimes also cure when pus is already formed. Velpeau has made use of this means for upwards of 15 years, and has always had satisfactory results. Antiphlogistics *par excellence* may be employed ; general local bleedings, leeches, cuppings, ought to be employed during the first five or six days. But the means to which we ought to accord the greatest degree of confidence, is undoubtedly the bistoury. To cure diffuse phlegmon, a certain number of openings are necessary, and they should be large enough to establish an easy route to the mortified parts which kept up the suppuration. In case it is only necessary to make a small opening, at what period must it be made ? In laying aside the unwillingness of the patient for the incision, we ought to make the incision as soon as called ; it is an operation which favors much the resolution of the inflammation. Surgeons by turns have adopted different opinions ; some have wished that the incision should be made early ; others are of opinion that it is necessary to delay the opening a longer or less time ; some even leave the phlegmon to turn to an abscess, and leave the abscess to open spontaneously. We have given our opinion, says Velpeau, and assumed our position, and know that we are in the minority ; for the method which in this case best pleases the patients is the least useful, and will undoubtedly remain popular. Certain surgeons prefer to temporize because they are not adroit in the handling of the bistoury, and consequently have little decision and often little confidence ; others allow themselves to be controlled by their patients ; finally, a third class, more desirous of the approbation of the people than of the health of their patients, although convinced of the excellence of the means, do not employ it. Good faith, honesty and zeal of the profession, yield to unworthy influences. If we leave the suppuration to establish itself, a portion of the part becomes thinner, wasted, mortified and disappears. The suppuration once established, the abscess opens spontaneously, and a considerable time is necessary that the wound may be

emptied and dried up. The cicatrization is difficult. The lamellæ of the surrounding cellular tissue are the seat of an induration which disappears slowly, but which may last an extremely long time, occasioning a greater or less deformity. All these inconveniences will be so much more considerable, as the spontaneous opening of the abscess rarely happens at the point most favorable for the discharge of the pus. On the contrary, if the opening is made by the hand of the surgeon, he chooses the point most favorable for the discharge of the pus, which will direct itself towards this early opening, because at this place there is less pressure. The opening may be made before the tissues have become thinned and denuded, in which case the loss of substance being less, the inflammation being less in extent and duration, there will be much less induration, less deformity in the tissues. After the incision, the phlegmon—all becomes supple, and tends to a prompt healing; moreover, when the surgeon has made the incision early, the suppuration is always less abundant. We will add one thing more, which astonishes much, and this notwithstanding we have often seen it pass under our notice, that the incision has an influence not only on the march and gravity of the suppuration already established, but it may even prevent its occurrence, and with facility; to give only one example, some time since we saw M. Velpeau plunge a bistoury into a non-suppurated, circumscribed phlegmon situated under the lower jaw, and as soon as the following day the inflammation commenced to be resolved. It is a practice that Velpeau extols without fear of the results, and urges its adoption with perfect confidence, for it is founded on the most positive, the most conclusive clinical facts; and this method will be resorted to in all cases of phlegmons that occur in the regions where it is of the highest importance to avoid suppuration. For example, we know what may result from an abundant suppuration established in the neck, we know where the pus that is formed may spread, and what may result from its accumulation in the neck and the thoracic cavity. The phlegmon that has proceeded to suppuration should always be opened. There have been 48 examples of inflammatory abscess. Abscess in itself is not properly an inflammation. Abscess indicates a previous inflammation; it is an effect of another disease, and an effect excessively common, since this other disease, inflammation, is very common, and suppuration is the most frequent termination of this disease; we speak of the inflammation which belongs to the surgical domain. Abscesses in general have been well studied, but we take this occasion to signalize a great defect in this study. In dictionaries and works we find long articles consecrated to this point of the science, but we do not find even the study of abscess made according to the place where it is developed, or the region it occupies; we do not find particular descriptions of abscess in the hyoid, parotid, carotid, popliteal, &c. regions. It would seem as though sufficient was said on the subject when abscess was considered generally. Notwithstanding, how many important things are there to note with the greatest care, when the region which is the seat

of the inflammation is considered! Of late, writers have begun to perceive the necessity of this study. Thus, they have studied the abscesses of the axillary region; those of the iliac fossa and the groin have been treated of separately; but they have gone no farther. What resemblance, notwithstanding, is there, for example, between an abscess of the parotid region and one of the thigh? In regard to the cause of abscesses, have they studied the differences that parotid abscesses present, according as they are connected with the parotid, the ear, the cranium, the temporo-maxillary articulation, the pharynx, tonsils, mastoid process, the carotid, the jugular vein, the nerves or vessels of each of the parts of this region? Have the consequences of these abscesses been studied?—such as paralysis by lesions of the facial nerve, obliteration of the jugular vein, wound of the carotid artery, obliteration of the parotid canals, consecutive caries, &c. Have they well explained the cases where the pus spreads to a distance, opens into the pharynx, is fused the length of the pharynx, of the sheath of the vessels, and descends into the chest, thus giving rise to exceedingly grave accidents? All these different characters of abscesses, in these cases, are well explained by surgical anatomy. Thus, we see why abscesses of the sero-hyoid region do not tend to descend the length of the neck; because there is a strong and extended fibrous sheath adhering to the os-hyoides, which is opposed to the effects that the action of the weight would produce on the abscess. Thus, it is not sufficient to have studied abscesses in a general manner, we must study them in each region; and to study them with advantage in each region, we must possess an exact knowledge of surgical anatomy, and it is especially in this study that we can appreciate whatever is brought to the mind, in regard to these abscesses, which is positively and truly useful.

THE USE OF ETHER AND CHLOROFORM.

[THE following remarks, by Dr. H. J. Bigelow, of Boston, on a subject first brought to the notice of the profession by himself, in the pages of this Journal, are from the February number of the Journal of Health, of this city, where they appear in answer to some queries proposed to Dr. B. by the editor of that work. Dr. B. has had much experience in the use of ether, and his opinion respecting its value and proper administration is entitled to consideration.]

It gives me great pleasure to be an instrument, however humble, of disseminating information upon this important topic. Subjoined are some of the results of my own experience with ether, and I have no doubt they will be recognized by those in the habit of administering this agent for surgical purposes.

As a general thing, the operating surgeon, who is occupied with his dissection, has not so good an opportunity for investigating the phenomena of etherization as he who administers the agent, or who overlooks the process. I rely, therefore, less upon the phenomena attending any

operations I have myself performed, than upon those exhibited by patients whom I have etherized for the operations of my surgical friends.

Considerable care is required in administering ether, or chloroform, through a protracted operation. The surgeon does not look for the first effect, but for the durable one. A delicate operation cannot be carried on in that state of partial unconsciousness which serves for the extraction of a tooth, but which still enables the patient to writhe and twist about, in spite of the efforts of the assistants. Nothing short of complete inebriation suffices for this purpose. Its chief indication is muscular contraction, of which a good test is the entire and passive flexibility of the arm. Nor is this always easily effected. The resistance of partial excitement, the spasm of the vocal chords, the voluntary holding of the breath, the livid color of the unarterialized capillary circulation, and, finally, though rarely, spasm of the whole muscular system, have each their influence, either in preventing the introduction of the vapor, or in deterring the surgeon from continuing the inhalation. The most formidable of these symptoms, those of *partial asphyxia*, have never seemed to me of importance, as long as provision was made for the free admission of oxygen with the vapor; upon the ground that an equal degree of lividity was observable in a paroxysm of whooping cough, or especially in a hysteric fit, where, as soon as the system feels peremptorily the necessity of air, the muscles relax and the patient inspires. Such is precisely the fact in the process of etherization. The patient, who has refused to breathe for perhaps twenty seconds, and has become livid, suddenly takes the long-needed inspiration. This is the moment, of all others, for the introduction of the vapor, which does not materially displace the required oxygen, but enters with it and very soon effects the anæsthetic state. I have always observed that when a patient resists, requiring, perhaps, a great force to secure him, or utterly refuses to inhale, the next long inspiration is very apt to bring about the desired degree of narcotism.

I have frequently maintained this narcotism for a period of thirty minutes, and occasionally longer, by carefully watching the pulse, and temporarily discontinuing the process upon the slightest diminution of its frequency or force. This profound narcotism, which can always be produced, and which I have, since the first experiments, advocated and invariably aimed at, is lately beginning to be recognized as essential, both here and abroad; and we hear less of the remarks, or struggles, or outcries of the patients, during operations. They are, in short, *asleep*. And I believe that, within a short time, no surgeon will commence a formidable or a nice operation upon an etherized patient who has not arrived at this stage of *anæsthesia*.

Thus much with regard to the dangers of ether, which I believe to be, in experienced hands, inconsiderable. Other risk is rare, and probably not greater than that resulting from a grain or two of *opium*, given to the same patients.

The stage of complete inebriation is not, however, to be attempted by those unaccustomed to the phenomena of etherization, or of disease; the

symptoms, which should indicate a suspension of inhalation, might, if overlooked, lead to serious results.

For dental purposes, let a sponge, or open tube containing one, be applied to the mouth, the nose being held. Inhalation should be of *air impregnated with ether, and passing through it, and not of ether alone*, as from a shut bag or sac. When the patient refuses to open his eyes upon being told so to do, the tooth may be removed, and the movements of the patient, if they occur, are of little moment. For several teeth, protract the inhalation a little. I have so *prenarcotized* a little girl in this way, that I was able to perform the whole operation for hare lip, before the return of consciousness.

No sensible and unprejudiced man has disputed the good effects of ether, and its value is incalculable.

I have had a good opportunity of testing the effects of chloroform in my own and other operations, and have used no ether since its introduction. It seems to me to be thus far identical with ether in its effects: much stronger and portable (I should say two ounces would go as far as a pint of ether, that amount of each being now sold at 75 cents). It does not infect the clothes, is less irritating to the lungs, and is at first quite palatable to the patient. It must, I think, supersede "ether," of which it is but a variety. The only additional precaution required in its use, is the interposition of a tube, or other medium of inhalation, between it and the lips, an arrangement which will readily suggest itself to any one who has experienced its efficiency as an external stimulant.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 1, 1848.

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*American Surgery in India.*—Dr. Scudder, in the service of the American Board of Commissioners for Foreign Missions, is taking high ground at Madura, as a surgeon. He seems to be frequently performing operations that would redound to his reputation in any country. In one of the latest communications, notice is taken of the removal of "about nine inches of thickened, hardened flesh, extending from the calf of the leg to the thigh, at a considerable distance above the knee." The patient was a boy. He amputated the limb of a young girl above the knee. A tumor was removed from above the eyelid of an interesting young girl, of twelve. An operation was also performed on the knee of a Tamil woman. Cataracts are common. He speaks frequently of applying nitric acid, to create a sore, externally—once in the case of a diseased hip, also of a diseased knee and a wrist. On another occasion, a tumor was taken out from the upper part of the back, very large—being twenty-three inches in circumference. "Our surgical cases," he says, "multiply. Have had nine or ten new ones to-day, besides old cases. Operated for cataract this morning. This afternoon, amputated a cancerous finger, at the upper joint: the other operations of the day have



been of little importance. There were fifty people, or more, here this afternoon, at one time." "Through the kindness of one of my relatives in Baltimore, my daughters have a melodeon, and through the kindness of two ladies in Boston, I have a lathe. These, with a small orrery, have excited a vast deal of curiosity."

With Dr. Parker at Canton, Dr. Scudder at Madura, and Dr. Winslow (late of Nantucket) at the Sandwich Islands, the great republic of the new world bids fair to have its surgical skill satisfactorily represented in the old.

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*Syrup of Sarsaparilla.*—Viewing the sarsaparilla trade, here at the North, with distrust, and believing that schemes for getting rich were never more successfully conducted than in connection with this article—and also believing that there is a vulgar mania for taking any thing and every thing that passes under the talismanic name of sarsaparilla, a new claimant for competition must possess some true medical character, to call our attention to this over-done subject. Drs. Mansfield and Willis, of South Reading, Mass., have introduced a new compound, which they are sanguine in saying possesses valuable properties. Frankly, and without hesitation, they have published the formula, as follows: "Take of sarsaparilla, 2 lbs.; guaiacum wood, liquorice root, senna, and red roses, of each four ounces; these, after bruising, are put into 10 pints of diluted alcohol, to digest fourteen days. It is afterwards evaporated by means of a water bath, down to four pints and a half, after which 8 lbs. of sugar are added, and formed into a syrup. A few drops of some of the essential oils serve to give it a pleasant flavor." The names of the manufacturers, known in this community, are calculated to give character to their medicine.

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*Foster's Trusses.*—For many years, Mr. J. F. Foster, Washington street, Boston, has occupied himself exclusively in a single branch of mechanical business, in which, according to the general observation of mankind, he must be far more perfect than he otherwise would have been. It is by a constant devotion to one kind of manufacture that artisans become expert, and achieve that degree of perfection which is the natural result of concentrating all their powers upon the attainment of one object. To make trusses that shall fully answer the intention of those instruments, has uniformly been his ambition. The profession have borne frequent and willing testimony to Mr. Foster's determination to meet, and, if possible, overcome the difficulties of each individual case. But it does not belong to humanity to substitute artificial for natural parts, so that they shall equal the condition in which nature formed them. However, a gratifying approximation is gained, since, without these outside adjustments to brace back the pressure of organs from within the abdominal cavity, the world of hernial unfortunates would be in a sad condition. We used to reflect with much pleasure upon the ingenious mechanism of trusses, and not unfrequently thought that the true construction had been finally attained. But with more experience and observation, we have finally arrived at the opinion, that the best truss is the one that answers best for any individual case. One plan answers well for one person, but could not be tolerated in another; and hence the positive advantage of having a pad fitted to the breach, in every instance, as a shoe should be fitted to the foot, to be worn with comfort. A nice mechanic, therefore, understanding the nature of these lesions, varies his



instruments to all the circumstances characterizing each individual—and this is the line of business Mr. Foster pursues.

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*Medical Association in Ohio.*—No State Medical Society exists, we believe, in Ohio. An annual convention is an approximation to it, but that is all. An expression of a desire for something like a distinct medical organization, embracing all the practitioners of the State, has been uttered, but such an organization has not yet been attained. The counties of Adams, Brown and Clermont, have united in the formation of a society, under the modest title of Association, for the mutual benefit of the members, and the advancement of medical science. Although the society was instituted in May last, a transcript of the proceedings has been but recently received. Dr. P. J. Buckner, of Georgetown, is President. Meetings are to be held alternately at Georgetown, Batavia, and West-Union, on the first Wednesday of May and November, each year. The constitution is easily understood: there are no obscurities, and it bids fair to gather within its folds a great body of the best medical talent in the region. A code of medical ethics, and by-laws, are drawn up with a prudent care, and with reference to that perpetual harmony which should characterize the members of a liberal profession. If the fee-table is scrupulously observed, it will be more than has been done in other places with a similar specific tariff of charges. A few gentlemen are sure to get not only the specific allowance of the fee-table, but some more besides; while those beginning medical life, of less experience or weight of reputation, hardly get half of the fees to which they are entitled. Fee-tables, like the usury laws, are shamefully violated.

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*Medicinal Plants in New York.*—Charles A. Lee, M.D., Professor of Materia Medica in Geneva Medical College and the University of Buffalo, has prepared a full and satisfactory catalogue of the medicinal indigenous and exotic plants growing in the State of New York, with a brief account of their composition and medical properties. It was first published in the New York Journal of Medicine, edited by himself, and is now issued in a pamphlet. Although the botanists had prepared the way for him, it is obvious that he has had a critical and laborious research to produce this mass of exact information. There are, according to this pamphlet, 462 species of non-medicinal plants in that State, and 1020 medicinal ones. There are 75 natural orders, containing this large number of species—a part of which only, says Dr. Lee, are yet known to possess remedial properties. In a few words, all that is known of each plant is clearly expressed, and we are impressed with the conviction that this publication will prove of singular utility to practitioners. There can be but little difference existing between the plants of the region Dr. Lee has surveyed, and those of New England. Presuming, therefore, that the catalogue will be equally serviceable here, we urge it upon the consideration of practitioners generally.

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*Spermatorrhœa.*—Mention was made, last week, of the republication, at Philadelphia, of M. Lallemand's Treatise on Spermatorrhœa. A vast mass of practical information is contained in this work, illustrated by cases as various and extraordinary as can reasonably be supposed ever to exist. The researches are calculated to make obscure points clearer than they



have heretofore appeared. Deductions from facts are precisely what practitioners want. The author is practical, clear and distinct, and at the same time philosophical in his views. The book will be read with avidity, wherever it circulates. The whole treatise is a kind of narrative of practice, and therefore quite interesting, aside from the lessons of experience derived from it.

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*Disorders of the Cerebral Circulation.*—Among the excellent things of the day, in the way of medical literature, is a treatise on the “Disorders of the Cerebral Circulation; and on the connection between affections of the brain and diseases of the heart. By George Burrows, M.D.,” &c., with colored plates. It is from the press of Lea & Blanchard, Philadelphia. The re-publication of this very acceptable book, is calculated to stimulate American physicians to accurate research into this important field of inquiry. Dr. Burrows is a pleasant writer, who evinces a degree of candor in his observations, that wins the confidence of the reader. The plates are colored, which very much facilitates one’s progress in *post-mortem* examinations. There are seven sections, equivalent to that number of long chapters, embracing, 1st, the peculiarities of the circulation in the brain; 2d, the vascular pressure within the cranium and its influence on the functions of the brain; 3d, observations on apoplectic coma; 4th, the connection of apoplexy and hemiplegia with diseases of the heart; 5th, observations on the treatment of apoplexy and hemiplegia; 6th, on the influence of diseases of the heart in exciting functional disturbance of the brain; 7th, affections of the brain and spinal cord, depending on acute diseases of the heart. To appreciate the value of this production of an earnest and accurate writer in a department which will be acknowledged to be an important one, it must be studied; and we think the reader will agree with us in the opinion that no one would willingly part with such a treasure, who has once found it. Ticknor & Co., Washington street, have both the above works.

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*Defence of Phrenology.*—Mr. A. Boardman, of New York, the author of this book, whom we recognize as a tried soldier, who has been battling for years, in defence of a system that will stand as long as men are born with heads, still exhibits a praiseworthy valor. When Spurzheim died, a host of strange people started from hiding places, and boldly kicked the dead lion; still phrenology lives, and it is admitted by its opposers that it cannot die while philosophy is taught, or the elements of physiology and anatomy are recognized as elements of a finished education. This comprehensive book is an interesting record of the views of such as entertain a well-founded belief in the truths revealed by this extraordinary science. Three points are considered by Mr. Boardman:—1st, there is an essay on the nature and value of phrenological evidence; 2d, a vindication of phrenology against the attacks of Dr. John Augustine Smith; 3d, a view of facts relied on by phrenologists, as a proof that the cerebellum is the seat of the reproductive instinct.

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*Massachusetts General Hospital in 1848.*—A copy of the late report of this institution was sent to the editor several days since, but it was mislaid,



and not found in season for the notice intended the present week. From page 10 to 46, the trustees have devoted to the history of the discovery of ether inhalation; and they have taken strong ground, too, in their 4th conclusion, in saying, "The whole agency of Dr. Jackson in this matter appears to consist in his having made certain suggestions, which led Dr. Morton to make the discovery—a discovery which had for some time been the object of his labors and researches." This will lead to a renewal of hostilities between the old parties—as might have been foreseen; but we have no intention of entering into the quarrel on either side.

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*Rush Medical College and the National Medical Association.*—At a meeting of the Faculty of Rush Medical College, on the 3d of January, 1848, the following preamble and resolutions were unanimously adopted.

Whereas, a National Medical Association has been organized for the purpose of advancing the interests of the profession, whose recommendations have thus far been generally judicious and worthy of adoption; therefore

*Resolved*, That the Faculty recommend to the Board of Trustees the creation of a chair of physiology and pathology, and to increase the number of professors to seven, and that a course of Medical Jurisprudence be added to those now given in this institution.

*Resolved*, That attendance upon a Hospital during one session, and the pursuit of dissections for twelve weeks shall be required of all candidates for graduation.

*Resolved*, That we stand ready to comply with the remaining resolutions of the Association, so soon as they shall be generally adopted by the medical schools of the West, or when it shall be apparent that the interests of the profession require it.—*Illinois and Indiana Med. and Surg. Jour.*

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*Chloroform.*—Several operations have been performed by Prof. Brainard with very satisfactory results, upon patients while under the influence of this new agent for producing insensibility to pain, which Prof. Blaney manufactured in the College laboratory.—*Ibid.*

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TO CORRESPONDENTS.—A biographical sketch of the late Dr. Silas Fuller, and Dr. Chandler's case of Hæmorrhage from Inguinal Tumor, have been received. Dr. Bedford's article did not arrive till the pages of the Journal were made up, and it is therefore deferred till next week, when it will be inserted.

Readers and correspondents are reminded that all statements of facts which are alluded to in the Journal as coming from correspondents, are received under the signature of some responsible name, although that name is not always published. When not so received, they are at once rejected. This has been, and will continue to be, our rule in this matter.

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MARRIED,—In Boston, Dr. J. B. Holman to Miss S. L. Dudley; In Boston, Dr. Ed. Mattocks to Miss N. T. Smith.

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DIED,—At South Norwalk, Conn., Dr. Francis Percival, 72.—At Claremont, N. H., Dr. Leonard Jarvis, 73.—At Marietta, O., Dr. Gilbert Watson, formerly of Newburyport, Mass.

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*Report of Deaths in Boston*—for the week ending Feb. 26th, 52.—Males, 29—females, 23.—Stillborn, 2. Of consumption, 14—typhus fever, 11—lung fever, 1—dysentery, 2—disease of the kidneys, 1—inflammation of the lungs, 3—croup, 3—infantile, 2—inflammation of the bowels, 1—disease of the heart, 1—pleurisy, 1—marasmus, 2—hooping cough, 1—strangulation, 1—accidental, 2—brain fever, 1—convulsions, 1—smallpox, 1—intemperance, 1—old age, 2.

Under 5 years, 16—between 5 and 20 years, 4—between 20 and 40 years, 21—between 40 and 60 years, 7—over 60 years, 4.



**Bloomington Lunatic Asylum.**—The 27th Annual Report of this Institution has just been published, and from it we learn that at the commencement of the year there were 131 patients in the Asylum, at its close there are 145. The highest average number for any month was 143 63-100 in November. The average for the year 137 74-100. The number admitted during the year is greater than that of any previous year since the institution was established, and more than twice as much as it was in 1843! 116 cases have been discharged: of these were cured, 58; much improved, 17; improved, 23; unimproved, 18; total, 166. Of the much improved, 4, and of the improved, 2, recovered entirely upon their return home. 7 males and 6 females died: of these, 5 lived but 15 days after admission; 4 had been here from 1 to 4 months each; 1 nearly 3 years; and 3 more than 5 years. As an appendix to the report, is a brief but interesting account of the buildings, grounds, and farm, and a comprehensive statement of the moral treatment which has been so successfully enforced by the able physician of the institution, Pliny Earle, M.D.—*N. Y. Annalist.*

**Medical Miscellany.**—An anomalous kind of disease is extensively prevalent at Cornunna, Michigan, which has swept off a number of the inhabitants.—The late bishop of Norwich, Dr. Bathurst, was the youngest of thirty-six brothers and sisters.—A popular course of Lectures on Physiology is being delivered, in Boston, by a Dr. Hollick.—The Boston Mercantile Journal is delighted with the Oxygenated Bitters, said to have been invented by Dr. G. B. Green, of Windsor, Vt., to cure dyspepsia.—Lectures have commenced at Brunswick College, Me.; class about the same as last year.—The unusual prevalence of fever in London is shown by the fact, that during the last thirteen weeks it has been fatal to 1248 persons.—The Norwich Mercury mentions that Wombwell's elephant, which was supposed to be more than 100 years old, died of extreme age on Thursday fortnight.—A young man in New Bedford, Mass., took a quantity of chloroform, for amusement, which threw him into convulsions, that continued sixteen hours without intermission. He finally recovered. It has been taken by a physician at Philadelphia, for asthma, with much advantage.—Dr. Winslow, in his Journal of Psychological Medicine, states that insanity is greatly on the increase amongst females of the working classes, and attributes it to the consumption of opium, which is frightful on the increase.

#### ELECTRICAL ROOMS, 19 TEMPLE PLACE.—Boston, Jan. 1, 1848.

AVOIDING newspaper notoriety, still, I may be allowed, through the Journal, to "define my position." It is, to make Electrical Treatment, in all available cases, auxiliary to the regular Profession. I assume not the title of "Doctor," as it does not legitimately belong to me, and only receive it from my medical friends and others, as a matter of courtesy or convenience. I have no fellowship with boasting medical reformers, nor with quackery in any of its forms, and I must confess that even Electricity is not an infallible remedy for all the ills of life. This will be seen in my Report of Dec. 1, 1847, to which I would respectfully refer the Profession, as presenting useful data with regard to this agent. The Report shows the results of my practice in this city for three years and three months. It embraces 1174 patients, presenting 1760 cases, and 70 classes of complaints, with the average amount of treatment in each class. I am impressed with gratitude to a large number of the Profession in this city and elsewhere, for their kindness and confidence, and will endeavor not to abuse it. Many of my medical friends have found that patients, under electrical influence, have exhibited an increased susceptibility to medicine, and consequently have had more rapid recovery under the combined treatment. My improved apparatus for the development and combination of Electricity, Galvanism and Magnetism, in a peculiarly modified form, makes its judicious administration, safe, agreeable, and unexceptionable, under any circumstances. Although too complicated and unwieldy to be portable, these improvements are invaluable to me for house patients. While observation in various quarters proves that an agent so powerful as Electricity cannot, in any form, be tampered with as a *family medicine*, nor by careless and inexperienced empirics, still, its judicious employment may often be of essential service, in connection with the medical skill of the family physician. Its injudicious use may aggravate a complaint, or arouse and develop some latent disease, requiring still more intelligent attention for its alleviation. It is therefore desirable that the Electrician may possess sufficient knowledge of these occasional phenomena, and the proper course of electrical treatment, not only to render these developments harmless, but cause them, aided by the intelligent physician, to subserve a beneficial purpose. The experience of all observing electricians must convince them that great caution and judgment are indispensable in managing complicated chronic cases, and make them feel the necessity of acting under the information and with the advice of the family physician; and therefore, the true and most honorable position for an Electrician is, an unassuming auxiliary to the medical profession.

Dec. 28.—tf

JOHN B. CROSS, *Medical Electrician*

#### DR. JARVIS'S ADJUSTER.

THIS newly-invented instrument for reducing fractures and dislocations—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutter's Abdominal Supporters, for sale by N. HUNT Surgical Instrument manufacturer, 128 Washington street. Sept. 30.—tf

#### VACCINE VIRUS.

PHYSICIANS in any section of the United States, can procure ten quills charged with PURE VACCINE VIRUS by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII. WEDNESDAY, MARCH 8, 1848.

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No. 6.

## A BIOGRAPHICAL SKETCH OF SILAS FULLER, M.D.

BY ARCHIBALD WELCH, M.D.

[Read before the "Hartford Medical Society," and published in the Boston Medical and Surgical Journal by request of the Members.]

WHEN such men as the subject of this brief memoir are permitted to adorn any age, it is a duty incumbent upon their cotemporaries to profit by their example, and by their wisdom and influence to become wiser and better men; and when, by the unerring law of nature, they are removed, another duty presents itself—to record *their* virtues, and *our* knowledge of the fruits of their labors, and transmit them to those who will soon occupy our places. In doing this, our high regard for their memory and our personal friendship should not lead us into any undeserved eulogium.

A full expression of my own feelings respecting the character of our deceased friend, one of the founders of this Society, would, to those not acquainted with him, be considered exaggeration; and having been requested by your vote, to give a sketch of his history, it is my intention to avoid extravagance.

Dr. SILAS FULLER was the son of Abiel Fuller, of Lebanon, Conn., a man of strong mind, particularly distinguished as a mathematician, and much esteemed as a citizen. His mother also possessed uncommon mental energy. He was the sixth lineal descendant from Dr. Samuel Fuller, one of that noble company who landed at Plymouth, Dec. 22, 1620. He was born Sept. 22, 1774. His early opportunities for acquiring an education were such as his native village afforded; and they were, for a country town, of a superior order, being under the superintendence of the venerable Trumbulls and Williamses, who exerted a controlling influence in that ancient and honorable town. His early days were spent with his father, in agricultural pursuits, during a part of the year, while other portions of it were devoted to teaching the youth of his village. Possessing a vigorous and inquiring mind, and a thirst for knowledge, he early resolved to devote himself to the study and practice of medicine; and in May, 1795, he commenced a course of study with Dr. Thaddeus Clark,\* of Lebanon, one of the most talented and highly respectable members of the profession in Connecticut.

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\* He is now living near Pittsburg, Pa., enjoying a vigorous old age.



In 1798, by the advice of his friend and instructor, he settled in the north parish of Lebanon, which in May, 1804, was incorporated as a town.

Dr. Clark possessed the confidence of his young pupil in an eminent degree ; and the confidence, which was mutual, ripened into a strong friendship, continuing uninterrupted while Dr. Clark remained in Connecticut. Dr. Scott, of Bozrah, was also an estimable and discriminating physician. These gentlemen were the consulting physicians of Dr. Fuller during the early part of his professional career, and he remarked to the writer, during the sickness which terminated his valuable life, " that to their fidelity and friendship he attributed his success in his professional pursuits." In 1798 he married Miss Alinda Clark, a young lady of more than ordinary intellect. He entered upon active life at one of those periods, prominent in the history of our country, when political excitement assumed a high character ; and although he was not then, or at any subsequent period of his life, considered a politician, he entertained the views of the dominant party in Connecticut at that time. This fact, combined with the prejudice which might naturally arise from his having selected a parish in his native town as his field of labor, created an opposition rarely encountered by a young man, which, however, by the exhibition of pre-eminent professional ability, he very soon surmounted. It was but a short time before he secured the confidence, esteem and patronage of almost every individual by whom he had been opposed, and during the succeeding fourteen years he gained an enviable reputation as a physician and surgeon.

In the last war with Great Britain he received a surgeon's commission in the 23d Regiment of United States' Infantry. His competitor for the office was an ardent and devoted politician, and an advocate of the measures of the party by which the war was declared. He also possessed some reputation as a surgeon, and in years was his senior ; but notwithstanding these facts, Dr. Fuller's professional character gave him an advantage over his competitor, which political qualifications could not confer. His commission was dated July 6, 1812, and Drs. John Gale and Henry White were associated with him as surgeon's mates. This valiant regiment was commanded by Maj. McFarland, aided by Maj. George M. Brooks, and belonged to the brigade commanded by that intrepid officer Gen. Winfield Scott. Gen. Wm. J. Worth and Major Henry Whiting were lieutenants in the regiment to which Dr. Fuller was attached. With such officers distributed through the 23d regiment, it was well qualified to act the noble part which it performed in the battles of Chippewa and Bridgewater. These, and others in the army, were men of cultivated talents, were highly esteemed by Dr. Fuller, and they duly appreciated his worth.

John McCall, M.D., an eminent physician in Utica, and President of the Medical Society of the State of New York, was an associate of Dr. Fuller, and was surgeon in the 13th Regiment of the U. S. Infantry. He says, " Dr. Fuller sustained a high character and excellent



reputation throughout the army, as a man and as a surgeon. No medical officer stood higher in the army, or was more respected and esteemed."

This period of his life afforded opportunities for perfecting himself in surgery, the favorite department of his profession; and although he entered the army well qualified to perform the responsible duties of the station, he returned from it with a reputation which secured to him the confidence of the community where he resided, and a large share of the consulting business in all the adjoining towns, and in the neighboring counties.

It will be recollected that during the war, a very fatal epidemic prevailed, not only in the army, but very extensively through the country. Respecting the treatment of this disease, it will also be recollected that there was a diversity of opinion, a portion of the medical profession considering it strictly and uniformly a *typhoid pneumonia*, requiring stimulants, and stimulants only; while another portion of the faculty could see nothing but an *entonic* character in its development, and employed the *lancet* and anti-phlogistic remedies for its removal. The results of these extreme modes of practice need not be mentioned. During this epidemic, and while in the army, Dr. Fuller wrote a very valuable essay upon its pathology and treatment, which was published in some of the journals of the day, and subsequently in a work entitled "Medical Sketches," written by James Mann, M.D., one of the surgeons of the army.

In 1823, by the recommendation of the Connecticut Medical Society, the Faculty of Yale College conferred upon Dr. Fuller the honorary degree of Doctor of Medicine. In 1826 he was elected by the Medical Convention of the State of Connecticut, one of the "committee of examination at the Medical Institution of Yale College." To this duty he always promptly attended, and entered with so much interest and fidelity into the examinations, that with the exception of 1842, when he was a member of the committee to nominate professors in the Medical Institution of Yale College, he was either *ex officio*, or by appointment, a member of the committee of examination until the session of 1846, when the state of his health prevented.

As I have before remarked, Dr. Fuller was not a partizan, nor was he ever practically a politician, although thoroughly acquainted with the political views of the different parties, and the leading doctrines relating to our national interests. Possessing such qualifications, and the entire confidence of the citizens of his native town, he was repeatedly elected to represent them in the Legislature. He was also a member of the convention which formed the present constitution of Connecticut.

For many years after retiring from the army to the field of his former labor, he was particularly interested in the investigation of the causes and treatment of the diseases of the mind. On this subject his knowledge and experience were such that insane patients were placed under his care from all the surrounding country, and his success in the treatment of the insane was so satisfactory, and the confidence of the community in him was so great, that he had a *private hospital* almost constantly under his supervision. He was thus prepared to manage a more



*public* institution ; and after the death of Dr. Eli Todd, the distinguished Superintendent of the "Retreat for the Insane," Dr. Fuller was selected by the Directors of that Institution as his successor. In July, 1834, he entered upon the duties of the station, which place he occupied until he resigned the office in February, 1840 ; and those gentlemen who have been associated with me as "visiting physicians of the Retreat," will agree with me that at no time since the opening of that institution has the medical department been better managed than while under his care. After leaving the Retreat he opened an office in this city, and while his health remained unimpaired, he performed a large amount of professional labor in Hartford, in all the adjoining towns, and even beyond the limits of the State, greatly esteemed by his employers, and highly respected and beloved by his brethren.

In 1834 he was elected Vice President of the Medical Society of Connecticut, which office he held until May, 1837, when he was chosen President of the Society, and re-elected on the two succeeding years. After having filled the office, and impartially discharged its duties, with credit to himself, and to the entire satisfaction of the Society, during three successive years, he tendered his resignation, accompanied with a very pertinent and appropriate address, which is contained in the printed proceedings of the Society over which he presided. In his intercourse with his medical brethren he exhibited those excellent qualities, both of his head and his heart, for which he was so highly distinguished—he was influenced by a high regard for integrity, and those rules by which all honorable and upright men are governed in their professional intercourse. On this subject he was an example for those who wish to be both useful and respected. Upon the younger members of this Society I would urge the importance of looking to such men as the subject of this memoir, as examples for habits of investigation, zeal in the discharge of professional duties, scrupulous regard for the reputation both of the profession and its worthy members, and an honest desire to accord to all that degree of merit to which they are entitled—and while he was regardful of the reputation of the meritorious members of the profession, he held in utter detestation that want of magnanimity of character which will induce a professional man to detract from the reputation of a brother for his own personal benefit.

Dr. Fuller was a "self-made man." Unaided by influential friends, or wealth, he was early thrown upon his own resources ; and nature having endowed him with talents of an eminent order, he rose, by his own merits, in early life to a very enviable position. During his pupilage he defrayed a part of the expense of his education by teaching. No adventitious circumstances aided him in the commencement of his useful life. As he was limited in opportunities for gaining an elementary education, so was he in his professional course. Medical schools, with the talented professors, which now adorn almost every part of our country, had no share in qualifying him for the great amount of professional labor which he performed. A mind uncommonly capacious and contemplative, capable of comprehending all those sciences connected with the course



of study which he selected, constantly in the pursuit of that important object, enabled him to overcome all obstacles. He never boasted of his success in business, or of his extensive practice, nor did he ever sound his own fame, or make any pretension to extraordinary qualifications; but by the application of the powers of his strong mind, and a careful pathological investigation of medical science, he early established a professional character which many, under the most favorable circumstances, have failed to secure.

In him were combined *all* those faculties which are necessary to constitute a practical man, but a memory uncommonly retentive was one of the most prominent. His mind was a vast and well-regulated storehouse, in which was arranged material, from study and observation, which peculiarly qualified him for every emergency. This not only enhanced his professional skill, but rendered him, on all occasions, remarkably interesting and attractive as a companion and friend. He never adopted any but the most honorable means for securing business; and I am inclined to believe that pecuniary considerations did not actuate him in the pursuit of his profession, as he was regardless of this motive to a fault. Inexcusable neglect in this matter during a part of his life was to some extent the cause of embarrassment; and if, while laboriously engaged in the discharge of his professional duties, he had been careful to require those for whom his valuable services were rendered, to pay him more liberally, and more promptly, he would, perhaps, have been more just to himself, to his employers, and to the younger members of the profession who are compelled to conform in some measure to the customs of their predecessors. He attended with great fidelity upon those who were unable to make any remuneration; and I have heard him express in strong terms the pleasure it afforded him to attend upon such, as he could do it without any suspicion of laboring for pecuniary compensation.

In his powers of discrimination, in diagnosis and pathology, he excelled. His pastor, the Rev. Dr. Bushnell, who knew him well, says, "He seemed to me, whether in virtue of his long experience, or of some native insight, I do not know, to excel, in a remarkable degree, in reading the symptoms of disease; and I should say, that the secret of his success lay in the decisiveness and certainty of his pathology." Dr. Fuller examined cases with great care, and expressed his views of their nature with equal frankness; and I think the members of this Society, and the large number of physicians who have been frequently in consultation with him, will agree with me in the opinion that he did not allow any theoretical views to interfere with facts and plain indications in the treatment of disease. He adapted his treatment to the peculiarities of the case, whatever they might be, without regard to the dogmas of schools or individuals.

The opinion, sometimes expressed by those not possessing the most favorable opportunities for judging, that he was ultra in his views respecting antiphlogistic practice, appears to me not well founded. Although he employed the *lancet*, and other *antiphlogistic* agents, in cases demand-



ing their use, his practice was marked in this, as in every other respect, by his peculiar discrimination. An intimate professional acquaintance with him for the last twenty-five years has afforded me ample opportunity for forming an opinion on this subject. I have, in numerous instances, been with him at the bed-side of those who were affected with various diseases, and with different forms and in different stages of the same disease, and I am happy to bear testimony to the fact that in all his investigations, his sole object was, to analyze the case with such precision as to enable him to adapt his treatment to the real condition of the patient; and without passing an undeserved encomium upon his judgment, I should add that on this point he was peculiarly successful.

He was untiring in his efforts to derive instruction from the labors of others, and it is greatly to be regretted that his habits were such that he always preferred storing in his own capacious mind the experience of others, to the very commendable course of recording the practical observations derived from an extensive and successful business. While his associates have had ample opportunities for deriving benefit from his experience, others will lose much which might have been made a matter of record. His library was large and well selected; he read, with careful attention, the principal publications of the day, both professional and miscellaneous, and instructed a large number of young men in the principles of medicine and surgery.

His personal appearance was commanding, yet he studied less to please by his address, than to be useful to his patients; and by those who appreciated his talents and skill, his visits were always anticipated with pleasure, and his society enjoyed with profit.

In delineating the character of our venerated and lamented friend, we would "nothing extenuate or set down aught in malice." While we honor his memory and reverence his virtues, truth demands the acknowledgment that he was "subject to like passions" with others. Yet while we admit that "to err is human," we do not allow that he possessed a weak trait which would permit him to perform a dishonorable act—he possessed a nobleness of character incompatible with anything savoring of meanness.

Dr. F. commenced life at a period when the members of our profession were daily tempted by the mistaken hospitalities of their employers, yet he avoided that broad and deep current which has carried away many from the sacred desk, the bar, and the medical profession. He not only escaped this evil, but was an ardent friend of the cause of temperance, and an advocate of its principles.

A mind so well furnished as was that of our friend, a mind ever grasping after truth on every subject it investigated, and which carefully examined all those sciences which are directly or even collaterally connected with his profession, cannot be supposed to have superficially examined the most important of all subjects, that with which our future existence and happiness are so intimately connected. With the *historical* part of the Bible he was better acquainted than many of the professed teachers of its truths; and with the *doctrinal* parts of that sacred volume he had



made himself so familiar, that he was well qualified, both to edify and instruct those who had long been familiar with the great truths of the Christian religion, the principles of which evidently governed him in the discharge of his moral and social duties. For reasons which I am not now able to present, he neglected the important duty of making a public profession of his faith in the christian religion till September, 1842, when he became a member of the North Congregational Church in Hartford, under the pastoral charge of the Rev. Dr. Bushnell. Dr. Fuller was a firm believer in a superintending Providence; and in proof, both of his *belief*, and the *exercise* of a special Providential care, he related the following incident. While stationed in the vicinity of Plattsburgh, during the last war with Great Britain, he was sitting in the temporary hospital which was provided for his patients, when one of the officers came to invite him to his tent. Notwithstanding he possessed social feelings in an eminent degree, and was remarkably fond of embracing every opportunity for conversation, he felt a reluctance on this occasion which compelled him to decline. The invitation was repeated, with the inquiry whether any business prevented, and he reluctantly consented to accompany him. While seated with his friend, and no more exposed than in any other situation on the field, Dr. F. was so strongly impressed with a sense of impending danger that he invited the officer to a walk among the barracks. After leaving the tent, and when within a few rods of it, the table by which they had been sitting was struck by a shell from the enemy's quarters, and, with everything around it, was torn to fragments.

Dr. Fuller was deeply afflicted by repeated deaths in his own family. Of nine children, only one survives him. Several died in early childhood, and one or more during his absence while connected with the army. In 1825 his eldest son, then a member of Yale College, died of tubercular consumption, which disease also terminated, successively, the lives of his wife, two sons who were highly respectable physicians, and his only daughter, the wife of Dr. Geo. B. Hawley, of Hartford.

The disease which closed the life of Dr. Fuller, and from which he had suffered repeated attacks, for many years, was internal rheumatism from metastasis. He died on the 22d of October, 1847, the day following the death of his daughter. In the closing hours of life, when I last saw him, he was not in a state of mind to manifest anything in relation to the change which immediately awaited him; but in the course of his last sickness, which continued about two weeks, he confidently expressed the hope of meeting his departed christian friends "in a world of happiness."

#### DR. BEDFORD'S LECTURE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have this moment read in the number of your Journal, bearing date 23d of February, the following editorial remarks, together with an



extract from a communication of an anonymous "New York correspondent."

"*Introductory Lecture in New York.*—A New York correspondent calls our attention to the alleged reprehensible character of a portion of an introductory lecture delivered in November last, by a medical professor in that city. The parts considered objectionable are those in which the Professor describes the mode in which he has induced abortion. The chief ground of his complaint, however, is not so much the character of the lecture itself, as the fact that its insertion has been procured (he intimates by the lecturer himself) in the columns of the New York Herald, where it appeared on the 13th inst. In connection with this fact, he mentions that some months since the lecturer voluntarily explained, in open court, in the case of the notorious Restell, 'how abortion was to be produced.' We insert the latter part of our correspondent's communication, with the remark, that we make no charge ourselves against any one in this matter, as we are otherwise ignorant of the circumstances, but we feel, in common, we trust, with the great body of the profession, that a practitioner cannot be too cautious in disseminating among the mass of the people any information which may operate as a temptation to immorality and vice. He says:—

"The lecturer, after stating that, 'he has been repeatedly consulted, &c. &c.,' goes on to say, 'my opinion in this case was, that the vomiting was sympathetic and produced by irritation of the womb. I therefore suggested the propriety of endeavoring to induce contraction of that organ, in order that its contents might be expelled. This view was concurred in by Dr. W———. Accordingly, *without a moment's delay*, I introduced a female catheter into the womb and ruptured the membranes; and in a short time the uterus contracted, and a mass of hydatids was thrown off. Immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme debility, recovered, and is now in the enjoyment of perfect health.' This lecture was delivered by a member of the New York Academy of Medicine and a professor in a Medical School, and it is published, three months and a half after delivery, in the columns of the New York Herald. Is the Professor desirous of obtaining the business of Madame Restell? What action will the Academy and the Grand Jury take in the premises?"

I am the professor alluded to, and I am the author of the lecture commented upon by your anonymous correspondent. If it can be shown that I have been guilty of either of the charges so specifically made, then I am willing to acknowledge that I am no longer entitled to the sympathies of the profession, nor should I occupy the position of Professor in the New York University. These are grave charges, and should not be made without the sanction of a responsible name. Proceeding, as they do, from an anonymous source, I would treat them, as I invariably do all similar productions, with profound contempt, were it not that you, by insertion and comment, had partially endorsed the views of your correspondent. That you should have published an extract from an anony-



mous letter, impugning the honor and standing of a member of the medical profession, surprises me not a little. And my surprise is in no way diminished by the fact that, at the time of the publication of the article alluded to, you were in possession of my lecture, and by a simple reference to it could have ascertained how far your correspondent was justified in his charges. Again, under the head "To Correspondents," in the same Journal of Feb. 23d, you remark, "J. Prideaux, M.D., of Vermont, is a signature too indefinite for the criticisms on the medical schools of Philadelphia, and we must therefore decline inserting them."\* It would, therefore, seem, that private character may be assailed, and the gravest charges preferred, without the endorsement of a name—but public institutions are not to be commented upon in your Journal, even when comments are made under a responsible signature.

Your "New York correspondent" charges me, 1st, with having caused to be published in the New York Herald the lecture to which he has taken exceptions. This I broadly and emphatically deny. 2d, he charges me with "having voluntarily explained, in open court, in the case of the notorious Restell, how abortion was to be produced." I was a witness on that trial, and what I said on the occasion, in answer to queries pressed upon me by the counsel on both sides, I do not now distinctly recollect; but that I uttered anything, which either compromised my own character, or the dignity of the profession, I again peremptorily deny. 3d, he charges me with having produced an abortion, and proceeds to the proof, precisely as was to be expected in an anonymous writer, by making a garbled extract from my lecture.

As an act of common justice, I demand from you the publication in your Journal of this communication, together with the case entire, found on page 17 of my introductory lecture delivered in the University of New York, on the 29th of Oct., 1847. This case is the text for the comments of your "New York correspondent," and also of your own. With the simple presentment of the case, I shall submit the matter to the profession, not, however, without branding your correspondent with wanton and deliberate falsehood.

Your ob't ser't,

New York, Feb. 25th, 1848.

G. S. BEDFORD, M.D.

Prof. of Midwifery and the Diseases of Women and  
Children in the University of New York.

"The following case will illustrate forcibly the absolute necessity of constantly bearing in mind the influence exerted by the womb in certain forms of disease. During the month of February last, I was requested to visit a lady in consultation with Dr. Whiting of this city. Several medical gentlemen, among whom was Dr. Willard Parker, had, previous to my visit, seen the patient. When I saw her, in company with Dr. Whiting, she was apparently near dissolution. Her prostration was extreme; her countenance almost hippocratic; in a word, her friends had

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[\* The above name was considered to be fictitious, as no such individual was known to us.—ED.]



abandoned all hope of recovery. The particulars of the case were these: She was the mother of one child, 17 months old. About a month previous to my seeing her, she had occasionally been troubled with nausea and vomiting, and for the week previous to my visit she had vomited incessantly. She could retain nothing on her stomach: the vomiting resisted every remedy that had been administered. It was under these circumstances that I was called to her. The medical gentlemen who had preceded me in attendance, ordered cups, leeches and blisters over the region of the stomach, with various internal remedies, but all without the slightest appreciable effect. The vomiting was still unchecked, and her death hourly expected. On examining critically her case, I arrived at the conclusion that the vomiting was merely a symptom of trouble elsewhere, and that no remedy which could be addressed to the stomach would be of the least avail in rescuing her from the imminent peril in which she was placed. In putting my hand on the abdomen, I found the uterus enlarged, and occupying the hypogastric region. The alarming situation of the patient would not justify delay; if her life were to be saved, everything admonished us that it was to be done only by instantaneous measures. My opinion of the case was, that the vomiting was sympathetic, produced by irritation of the womb. I therefore suggested the propriety of endeavoring to induce contraction of this organ, in order that its contents might be expelled. This view was concurred in by Dr. Whiting. Accordingly, without a moment's delay, desperate and almost hopeless as the case was, I introduced a female catheter into the womb, and ruptured the membranes; in a short time the uterus contracted, and a mass of hydatids was thrown off. Immediately, as if by enchantment, the vomiting ceased. The patient, after a tedious convalescence from her extreme debility, recovered, and is now in the enjoyment of robust health.

"Let this case, gentlemen, impress on your minds the importance of tracing effects to causes; and remember this cardinal truth—that the practitioner who prescribes for mere symptoms can never hope successfully to treat disease."

#### ANATOMICAL MUSEUM.\*

[Communicated for the Boston Medical and Surgical Journal.]

THIS is a very handsome volume. True science has a claim to good art. It asks to be brought forward in fair form, for it would attract men to its interests, which are ever for good. Its claims in this case have been generously allowed. Said a friend the other day, who was looking over a number of the London Athenæum, "How much is this age doing for science. Here is a page or more of literary notices, and almost

\* A Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement. By J. B. S. Jackson, M.D. Curator of the Museum, Prof. of Pathological Anatomy in Harvard University, &c. &c. Pp. 352. Boston: William D. Ticknor & Co. 1847.



all the books are upon science. It is an age of science." This was said by a scholar, whose time is devoted to literary labor. Still he saw and felt how important is science, properly so called, and was rejoiced that some of the best minds of the time were devoted to its study and progress.

The book before us is a contribution of great value to professional science. It is the history of a Society formed here about twenty years ago, for medical improvement, and it shows how useful has been the social education, so to speak, of its members. We were acquainted with this association in its earliest days, in its infancy, and childhood; and we have not abated a jot of our interest in it even to this day of almost its legal maturity. Our first meetings were not as frequent as they came afterwards to be. We met in each other's studies, and talked freely of what we had seen, and read, communicating our own thoughts, and the thinking of others. The number was small, then, of the associates. They might have been half a dozen, or so, only. Of those who were at its first meeting, two are dead. Of one of these, J. Greely Stevenson, our memory is so fresh, his presence, his form, his mind, his heart, are now so near, that it seems as if we saw him but yesterday—met with him but last evening in the Society's sitting. He was a noble, a true man, a friend faithful and just to us. How deeply would he have sympathized with the present, existing success and usefulness of the Society. How faithfully, how cheerfully would he have done his part in that success and that good.

From meeting, and relating cases, facts in daily professional life, and which were carefully reported, the members began to bring specimens of morbid anatomy to the meetings for illustration, and for the direct benefit which pathology would be sure to derive from their examination. Of these due record was made. They were next preserved, and together with the histories of the cases which furnished them, became the foundations of our present most valuable collections in morbid anatomy, and which are the rich possession of the Society. What gives to this cabinet its true value, is this. Every specimen worthy of preservation has an important, essential portion of its value in the accompanying history of the disease. The classification is its first excellence—then the strictness of its nomenclature. The thing in its place, and its careful expression, or designation—next its history, in all necessary detail—lastly, its voucher, leave nothing to complete its story, and to connect it with all related truth, and so to make it the property of the scientific world. How worthless are collections in any department of science, which want this collateral knowledge, and which can alone enable us to understand at once the individual in itself, and its connection with all other associated things. How sad was the news to the whole scientific world, that the descriptive and philosophical manuscript catalogues of Mr. Hunter had been, large masses of them, burned up; that another person, to whom they had been confided, might, by appropriating them to himself, have the honor of their questionless authorship. Grateful must the Society be, that its labors, imperfect as they



may be, are now in sure preservation, and are doing what they can in aid of good knowledge. Is not the kindred faith equally grateful, that what has been done is promise and sure prophecy of still further progress in the same good work?

The author of the 'Catalogue is, in an important sense, the author of the cabinet itself. He has contributed between sixty and seventy of the nine hundred and fifty-four articles which the volume contains. This is but the smallest item of the author's labor. Every specimen, as it comes to the cabinet, is received by him. It is prepared by him with great labor and much time, for its place in the cabinet. Next its history, in all necessary detail, is put down. Then, if desirable, a drawing or a cast is made. Lastly, it is preserved. Thus everything which can make the specimen valuable, and secure its preservation, is done by the author. He enjoys large facilities in his labors. He cheerfully makes *post-mortuary* examinations for others, and thus is enabled to learn all that is most important in individual cases, and which may be necessary to their fullest apprehension. His interest in these valuable labors for acquiring, and communicating accurate knowledge, sometimes carries him miles from home, making great demands on his time. The work is cheerfully done, for the good learning in which it may result. Thus we see how correct is the remark that the author of the Catalogue is the author of the cabinet it describes. We would express the pleasure it gave us to receive this volume. It is the permanent record of a vast amount of unpaid-for effort, in the results of which a whole profession has the deepest interest. We said *unpaid*. But how rich is that compensation which is not measured by money; the increasing interest of which will be in the sure memory, the large gratitude of the times long to come.

Do not charge us with divulging family secrets in this rapid sketch of some of the zeal and good knowledge under the power of which this useful and noble cabinet has so largely grown. If the possession of such scientific treasures is a great advantage to those who have them, is it not of some use to those who have them not, to know how they have been, and how they may be obtained? The demand for such existing, how sure will be the advent of that spirit, and of that purpose, and of that work, too, which will surely and amply supply it. We scarcely know of any number of physicians, dwelling in the same place, however small, in which it is not possible to enter into the same labors, with our Society, or where a true interest will not produce like results.

But why make these collections? Why study morbid anatomy? Because they show what, and where, has been the organic lesion which has been attended with certain symptoms, certain rational, and physical signs, and which may exist in living cases having the like. Morbid anatomy explains phenomena after a manner so certain in many most important cases, that we gather from its teachings means of diagnosis, indications for treatment, and means of the surest prognosis. He can hardly be said to have begun the study, certainly not the wise treatment of disease, who has not studied it in its living features, and read its story after death. And yet otherwise enlightened men have shrunk from its



study as an inconvenience, or as an impertinence, and the public has often given its largest patronage to those who deny to it any useful agency in the diagnosis, or the treatment of disease. How important is it for the profession to study this anatomy? How necessary for its surest growth that it collect from it its treasures, as the means of the best good? How grateful should we be to him who gives to it his time, his life, and then comes forward with the rich gift in his hand, which such a work as this under notice is, and offers to his whole profession this product, and this proof, of his great labors?

W. C.

MR. GREGORY'S LECTURES ON MIDWIFERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—As you have honored me with two notices in your pages, you will, of course, permit a few words in reply.

Your criticism, in the Journal of Sept. 29, on my lectures to gentlemen respecting the evils of the modern practice of midwifery, is of too trifling a cast to require much notice. The charge, however, of indelicacy and impropriety in my communications to the audience, is not a matter of indifference to me; and as I have some regard for the good opinion of your intelligent readers, a little evidence will here be presented on the other side. The Boston Traveller (as good authority as any in the city on points of propriety and morality), in speaking of those lectures, says, "We took occasion to listen to Mr. Gregory, and came to the conclusion that it was a subject of importance, and the audience, which was evidently composed of thinking, candid men, manifested a high degree of interest." Now, it is improbable that thinking, candid men would manifest a high degree of interest in such "abominable" things as you speak of. Your different views may in a measure be accounted for by the different feelings and motives with which you listened to a "part of one of the discourses." There were clergymen present, and one of them afterwards remarked that if an invitation had been given, he should have spoken in favor of the views advocated. The lectures have been given in other places, but no one has taken your advice to frown upon the attempt.

One of your brother Journals kindly inquired after my prosperity, and whether, in accordance with your suggestion, I am tarrying at Jericho. In reply, he is informed that the best of success attends my humble endeavors; ninety-nine out of a hundred of the community, say, "go a-head, enlighten the public, let us have educated midwives." I have been too much occupied to tarry at that famous old town, and the room there is much more needed for the legions of young, downy-chinned doctors, previous to their being admitted to the delicate and responsible duties of the lying-in room.

In the Journal of February 9th, without any obvious reason, you take occasion to present me again to your readers, intimately associated with a certain woman, whose moral and other qualities you intimate are somewhat



below par, and whose conduct makes the cause contemptible in all well-bred society. This under-handed thrust at myself, makes it necessary to say a word respecting this anonymous personage, my associate. At the time of the lectures here last fall, she, being in the city, on a visit to her friends, consented to address the ladies; and did so very satisfactorily. The people of Newburyport seeing the notices in the public prints, a gentleman came and engaged me to go there and lecture, on condition that the lady should go and address the women. From Boston to Newburyport and back, is the beginning and end of my itinerations with the said individual, though you state that we "have both been lecturing here and there and everywhere." Since that time she has "heroically" remained at her quiet home beyond the Connecticut, where she is esteemed as a person of worth, and good qualities, being an exemplary member of a religious denomination. Her husband, too, like yourself, has enjoyed the honor of a seat in the Legislature of the State.

The fact of her having written a letter, "beseeching" two wealthy and benevolent gentlemen to found a school to qualify females to wait upon their own sex, in the most trying and delicate circumstances of their lives, is in itself no mark of a want of propriety and decorum. Respecting the tone and style of the petition, you are better informed than myself. The application would at least seem premature; as neither the public nor the gentlemen alluded to were sufficiently informed upon the subject to appreciate its importance. Wealthy gentlemen have given money to establish literary, scientific and agricultural institutions; and the means, either private or public, will not be wanting to accomplish an object which so much concerns the physical and moral well-being of the community, an object to which the government of other countries have given special attention. With due regard, yours, &c.

*Boston, February 28, 1848.*

S. GREGORY.

[NOTE.—Were Mr. Gregory a physician, his revolutionary efforts would come with a much better grace. It is useless to attempt throwing dust into the eyes of the public, by declaring that he is pursuing his anti-midwifery crusade from a mere sense of duty. Give to many of these wind-mill reformers the money, which they hope to realize by their philanthropic yearnings, and the cause they advocate, which is represented to be of such vast consequence to the happiness of unborn millions, might go to Texas, for all them. The Shakers have far out-generalled Mr. Gregory, by utterly interdicting matrimony, in which all this good man's misgivings have an origin. As to the woman referred to in the communication, it must be gratifying to her family that a returning sense of home obligations induces her to stick to her appropriate sphere, in which she will shine far more gloriously, than when tramping over the country in a jackall capacity, to stir up the elements of vulgar curiosity. In short, we consider our correspondent to be engaged in a low piece of business, of which he will be heartily ashamed in after life. This is not said in anger, or for the reason that we are opposed to the march of improvement, but because we believe that his efforts are calcu-



lated to do more harm than good, and also because we wish him a higher and better destiny than he is trying to achieve for himself.—ED.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 8, 1848.

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*Dr. Bedford's Reply.*—An article appears in the Journal to-day from Prof. Bedford, of New York, in explanation of certain matters alluded to by a correspondent two weeks ago. As was then expressly stated, no charges were made by us against Prof. B. So far as there was any appearance of impropriety in the extract quoted from his lecture, the context, as now given, renders it entirely satisfactory to us, as we trust it will do to the correspondent referred to. We are also willing to accept the Professor's denial of any agency in causing his lecture to be published in a newspaper—certainly not a very suitable place for a lecture of this description—and his denial of the truth of the other impropriety alluded to. As to any criminality on our part in giving place to the strictures of a member of the profession in New York, we will only say that it has always been our aim that this Journal should be independent—that liberty should be given, as far as practicable, for every responsible physician to express, in proper terms, his own individual opinions on medical subjects, and also on the qualifications, science and standing of public medical teachers; and we see no reason to deviate from this course. We are not aware of having had prejudices to gratify; certainly we have none in this particular case. Communications have often come to us from New York, as well as other places, in regard to professors or institutions, which were never allowed insertion, either because they were anonymous, or savored of prejudice and vindictiveness. The personal respectability, happiness and influence of each member of the profession, are sources of gratification to us, and it is our endeavor to have nothing that will derogate from either, if it proceeds from malice or envy, appear in the pages of the Journal. Nothing of this nature was suspected in the case in question. Dr. Bedford may rest assured, therefore, that he is entirely mistaken if he supposes for a moment that in our hands he has fallen among enemies.

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*Second Advent of Thomsonism.*—That nothing may be wanting, in the metropolis of New England, to meet all the whims and caprices of all classes of society, the whole Botanico-Medical College of Ohio (supposed to be Thomsonian)—that is, its faculty, which embraces the lion of the party, the chancellor of the University himself—have been transferred to Bromfield street, Boston, within a stone's throw of the Medical Journal office. Five lectures are to be given daily. What is to become of that monster of a Cayenne College at Worcester, Mass., which was to swallow up all the venerated institutions of medicine in Massachusetts? It is evident that the two will soon be at loggerheads, since the Worcester gentlemen, who predicted the infliction of a Thomsonian governor over the Commonwealth, in



1849, in case a charter was refused them, will logically demonstrate that these Buck-eye botanics are trenching on their own hallowed ground. For ourselves, not the least fear is entertained of the efforts of these loud-talking strangers. It was benevolent in them to commence operations in Boston, the focus of Thomsonian ignoramuses. If it is possible to enlighten the latter, the attempt should be made, as they actually disgrace their calling. It is generally supposed that all who practise, as these New England one-idea lobelia people do, are equally stupid; and if measures are in progress for letting light in upon their No. 6 minds, all well wishers to humanity will hail the intelligence with delight. After hearing some of the lecturers from Ohio, a further notice may be given of their character and tendency.

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*Surgical Co-apter and Splints.*—A medical student, Mr. Oliver D. Wilson, of West Boylston, Mass., has invented and secured a patent for reducing dislocations, which he calls the Co-apter, accompanied by a variety of curiously constructed splints, made of iron. He has certainly hit upon something that merits attention. He appears to have been led to the invention in consequence of the high cost of other kinds of surgical adjusters. The new instrument seems to accomplish the same result that is attained by other approved ones, and by a simplicity of mechanism that leads one to wonder that the principle on which it and others operate, was not discovered long ago. Without attempting a description, which we could not easily give, it may be proper to observe that the inventor proposes to publish an account of the peculiar properties of each article, accompanied by drawings, when the subject may again be called up by ourselves.

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*Massachusetts General Hospital Report.*—This report is unusually minute, in some respects, and will be memorable in the series of annual accounts of that beautiful establishment, from the circumstance that it bears a history of the ether war. Although drawn up with an air of candor and fairness, there are no more indications of peace between the rival candidates for fame, than there is between this Government and Mexico. Another donation of \$100,000 has nearly found its way into the treasury of this institution. At this rate, it will ultimately become immensely rich. The whole cost of the hospital in Boston, including grounds, is the magnificent sum of \$249,572 38; and that of the M'Lean Asylum, at Somerville, which is an appendage, for the insane, \$246,850 98. We are confident that in point of convenience, neatness and elegance, this magnificent charity is not surpassed in the world. New improvements, costing \$103,276, besides \$20,000, called for, but not paid, making \$123,276, have changed the whole aspect of the exterior and interior. Five hundred medical students should be daily learning the details of their profession there. Mr. Girdler, the steward, is spoken of by all who have had intercourse with him, as a treasure to any institution, which money could not purchase.

Dr. Bell's report is brief, as usual, but contains the truth in a nutshell. He has acquired the art of condensing—and for his anti-wordy tact, has our unfeigned thanks.

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*Dr. Mütter's Introductory Lecture.*—It was our intention to have kept pace with the Introductory Lectures given in the six and twenty medical



schools of the United States, the present season, by noticing them as received; but they increase too fast, even to be read thoroughly, and it is quite possible that many of them may be passed unnoticed which are deserving of marked consideration. Our collection of these discourses would make a row of volumes, were they orderly bound—having been laying them aside for years, with an expectation of some time giving them a higher destiny. This has been a prolific season for published introductions. These may be regarded as the exponents of the doctrines taught in the high places from whence they emanate, and, further, they go out into the literary world as specimens of the scientific and literary calibre of those who deliver them. It is due to the reputation of all the gentlemen who have permitted their introductions to go to press, through the solicitation of classes, to say that we have not seen one that is not a creditable performance.

Dr. Mutter, of the Jefferson College, Philadelphia, is one of those stirring, useful men, who are calculated to command attention. To peculiar mental activity, he unites a kindness of manner that makes him a favorite with all who are brought within his sphere. His heartiness and cordiality would assist in building up any institution, even with otherwise pretty poor materials; but when united to real sterling merit, as a teacher of surgery, or indeed any other branch of professional knowledge in which he might be placed, he will not only be popular, but also very much beloved. How many professors might exert an influence as great as a conqueror could desire, by simply being gracious, without at all losing their personal dignity. Cold and formal looks, with a colder heart within, and reserved expressions, will operate against the influence of the best endowed and best conducted school in Christendom—and keep it down to an unmerited low level, to the dying day of such managers.

From this digression, we proceed to Dr. Mutter's introductory. He very properly says to the class, Who are you—and why have you come here? And from this point he takes his departure, and commences the business of the evening, by sketching a chart of professional character—its qualifications and labors. All this is clothed in elegant language, with just enough of classical refinement, to show that scholarship is to the mind, what the art of sculpture is to marble. Habits of industry, steadiness of purpose, good manners, good temper and strict morality, are separate subjects of discussion by the lecturer, and are ably presented. It is enough to add, that we like the theme and the manner of presenting it, and fully believe every one else will, who may be fortunate enough to procure a copy.

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*Females and their Diseases.*—A small pamphlet, by John W. Hood, M.D., of Philadelphia, purporting to be a review of females and their diseases, with an essay on the displacement of the uterus, is upon the table. Although well written, and proper enough as a piece of descriptive anatomy, the gist of the thing is not precisely apprehended. Is it the object of the writer to sell certain instruments, invented by him, or is some principle at stake, of moment to the professional world? If any one who has fathomed the subject, should feel it worth while to clear up the clouds in the matter, the pages of the Journal are at his service.



*Western Reserve College.*—At Cleveland, Ohio, the medical department of the Western Reserve College is located, and appears, from a recent official document, to be thrifty, and increasing in influence. Our friend and former colleague, Prof. Delamater, the senior member of the Faculty, is a man of varied powers, who has done good service in elevating the medical character of our country. Those associated with him, have been well tried in the harness, and are known extensively for their fitness for the stations they occupy, and for their eminent talents and suavity of deportment.

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*Veterinary Medicine in Massachusetts.*—Humanity requires that a school of veterinary medicine should be established in New England. Horses and kine are murdered by the vulgarians who are usually permitted to prescribe for them. The following evidence of the ignorance of a reputed cow-doctor, is taken from the Boston Atlas of Monday, February 28th. A case came up before the Court of Common Pleas, Maynard vs. Litchfield, being an action brought to recover damages for the loss of a valuable cow, in the course of which a witness testified thus—*verbatim et literatim.*

“I am 60 years old and live in Scituate—I am a cow-doctor—I have followed the business these forty years—I doctor sheep, hogs and horned critters—I never read no books on critters. I took to the business natral. I doctor in Scituate, Hanover, Hanson, and all about. Mr. Maynard and Mr. Litchfield came to me about this case—I told 'em to give her a pint and a half of castor ile, and if they had none of that to give her a pint of lamp ile, or a pound of hog's lard. I went down to see her the Friday afore she died—I gave her a dose of thorough-stalk tea, strong—and injections. I went down to see her agin on Saturday, and give her another dose and injections—I thought if I could start her idees up a little and jog natur she would get along—She revived up and I left her—I went down agin on Sunday morning about half past 10 o'clock, and found her dead as a herrin—I was mightily struck up—we skinned her, and snaked her out on the snow—I then split her open and examined her—She had what I called the overflow of the gall and stoppage, and a calf in her which I should say would weigh ninety or hundred weight—There was as much as five buckets of water in her calf-bag, and none in her bladder. I opened her paunch, and found I should say a bushel basket full of fox-grass hay, and nothing else. I found a peck more in her manifold, all matted together and dried on—I believe that eating that fox-grass hay gave her the stoppage, and no ile or medicine could start it. My neighbors use this fox-grass hay. It will do for young critters that browse, but I don't believe there was ever tallar enough made by using it to grease a musquito's bill—I never see any critter eat it growing, but have often seen grasshoppers running away from it for their life. I had some spirits with me when I examined the cow, but as she did not need it I took a dose myself.”

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*Officers of the New York State Medical Society.*—At the last annual meeting of the State Medical Society, held at Albany on the 1st and 2d ult., Dr. Alexander H. Stevens, of New York city, was elected President; Dr. Alex. H. Thompson, Vice President; Dr. P. Van Buren, Secretary;



Dr. P. Van Olinda, Treasurer. Censors of the Southern District, Drs. E. G. Ludlow, J. C. Cheesman, Jas. R. Manley. Dr. C. R. Gilman is one of the Committee of Correspondence. The following were chosen delegates to the National Medical Association:—Drs. Dyer Loomis, Augustus Willard, John McCall, P. H. Hard, S. Sprague, Robt. G. Frary, Brinsmade, Darius Clark, Naudain, Delafield, Gordon Buck, Beadle, Purple, Maltby Strong, Alex. Thomson, H. Burnell, Geo. W. Bradford, Enos Barnes. We learn that the meeting was well attended and spirited. We shall give a fuller account of the proceedings when they are officially published.—*Buffalo Medical Journal*.

*Philadelphia Medical Society*.—The delegates of the Philadelphia Medical Society to the National Medical Association, and to the State Convention, elected February 5th, 1848, are as follows—To the National Medical Association, Drs. B. H. Coates, C. Morris, Bell, Bridges, Ashmead, Reese, Emerson, Warrington, I. Parrish, and West. To the State Convention, Drs. Emerson, Bell, B. H. Coates, Norris, H. H. Smith, Rutter, Shallcross, Bond, R. Paul, and I. Parrish.—*Med. Examiner*.

*Remarkable Case of Blindness*.—At the Eye Infirmary in N. York, as we learn from the Annalist, a case was lately presented of a man who, at the storming of Chapultepec, having been wet for two days and nights, received a ball near the zygoma, which traversed the orbit of one eye, passed through the ethmoid bone, and came out at the inner angle of the other eye. The man did not lose his consciousness; he was led to the rear, and the wound remained undressed for 36 hours. He never had felt any pain, and recovered rapidly without the supervention of a single bad symptom. The balls of both eyes were destroyed.

TO CORRESPONDENTS.—Dr. Tripp's article on the "External Use of Chloroform," is on file for publication.

ERRATUM.—In Dr. H. J. Bigelow's article upon Ether and Chloroform, in the last number of this Journal, page 102, line 10, "Its chief indication is muscular contraction," should be *muscular relaxation*.

MARRIED.—In Quincy, Mass., Wm. B. Bugbee, M.D., to Miss R. R. Horton.—Dr. Josiah Ball, of Weymouth, Mass., to Miss S. M. Taylor.

DIED.—In Middlebury, Vt., Feb. 2, Dr. J. A. Allen, aged 60. Dr. A. has long been at the head of the profession in the part of Vermont in which he resided, and is well known to the readers of this Journal as a valuable contributor. A memoir of his life may be expected in the Journal hereafter.—At New Hartford, Conn., Myron R. Hubbard, M.D., 30.—At Memphis, Tenn., Dr. A. H. Ashe, U. S. A., on his way home from Mexico.—In Framingham, Mass., Dr. John B. Kittredge, 75.—In Macon, Ga., Dr. Myron Bartlett, a native of Bath, N. H. He learnt the printing business in the Boston Patriot office.—At Parish Rapids, Louisiana, Dr. McPhely, stabbed through the heart in a rencontre.—In Philadelphia, Dr. J. Randolph, an eminent surgeon of that city, and son-in-law of Dr. Physick.—At Matamoras, by being shot in a billiard room, Dr. John C. Glenn.

*Report of Deaths in Boston*—for the week ending March 4th, 52.—Males, 29—females, 23.—Stillborn, 6. Of consumption, 10—typhus fever, 5—lung fever, 5—scarlet fever, 2—pleurisy, 2—dropsy, 2—dropsy on the brain, 1—disease of the heart, 1—disease of the brain, 2—old age, 2—sudden, 1—apoplexy, 1—tumor, 1—infantile, 6—teething, 2—ulcers, 1—convulsions, 2—marasmus, 1—burns, 1—diarrhoea, 1—inflammation of the lungs, 1—strangulation, 1—croup, 1.

Under 5 years, 22—between 5 and 20 years, 6—between 20 and 40 years, 10—between 40 and 60 years, 5—over 60 years, 9.



**Medical Miscellany.**—Dr. Dwinelle, of Cazenovia, N.Y., extracted thirty teeth in succession, from the jaws of a person, at one sitting, recently, who was under the chloroform influence. The lady could not have had many left.—A medical plant of rare virtue, indigenous to California, by the name of "Conchalagua," is now attracting the attention of physicians. It is admitted to possess all the virtues ascribed to the sarsaparilla, in a higher degree, united with other beneficial qualities.—A student of medicine from Boston, while attending lectures in London, observed that the "king's evil" had been but little known in the United States since the revolution!—Dr. Childs refused to yield the office of Health Officer, in New York, to Dr. Whiting, who has received the appointment from the Governor and Senate—Dr. C. holding under the Board of Health.—By an act of legislation, the Medical College at Columbus, Ohio, is now the "Starling Medical College," in compliment to Lynde Starling, Esq., of that place, who gave to it \$30,000.—The attempt to establish a new Medical College at Louisville, has failed for the present, the legislature of Kentucky having refused to grant a charter.—Thomsonism is not very flourishing at Memphis. The Thomsonian school, we learn, has but about sixty pupils. The regular school of that place has a much larger class. Dr. Powell expects to establish a new Medical School in Memphis, under the University charter which he has obtained from the Tennessee Legislature.—The Brunswick (Maine) Advertiser states, that among the medical students at the present session of the Medical School, are several colored gentlemen, and remarks that they will find that respectable people in Brunswick respect the respectable, of whatever nation or complexion they may be.—Vinné (de Nevus), a quack dentist, accused of having abused the persons of two young women whom he had first rendered insensible by the inhalation of ether, was found guilty by the Cour d'Assizes de la Seine, and condemned to the hulks for six years.—Dr. Bruno Taron, a physician of Marseilles, states in the Gazette des Hopitaux, that, having been seized with the symptoms of cholera, during the second epidemic at Marseilles, he was completely relieved by the inhalation of ether.—The French Government has sent physicians to reside at Smyrna, Beyrout, Alexandria, Cairo, and Damascus; they are to correspond directly with the Minister of Commerce, and are to overlook the sanitary state of the Levant, to study the plague, and to inquire into the causes of its origin. The physician at Alexandria, M. Prus, receives £500 per annum; and the one at each of the other posts, £420.

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#### COLLEGE OF PHYSICIANS AND SURGEONS.—UNIVERSITY OF THE STATE OF NEW YORK.

THE Spring Course of Lectures will commence on Tuesday, March 13th, 1848, and continue about three months. The Course will consist of the following Lectures:—

*On Diseases of the Skin.*—By H. D. BULKLEY, M.D.

*On Uterine Hemorrhages.*—By THOMAS F. COCK, M.D., Consulting Physician to the New York Lying-in Asylum.

*On the Physiology of Generation.*—By C. R. GILMAN, M.D., Professor of Obstetrics, &c. College of Physicians and Surgeons; Physician to the Bellevue Hospital.

*On the Pathology of the Chest.*—By JOHN T. METCALF, M.D., Physician to Bellevue Hospital.

*On the Male-Genito Urinary Apparatus.*—By W. PARKER, M.D., Prof. of Surgery in the College of Physicians and Surgeons; one of the Surgeons of the Bellevue Hospital.

*On the Pathology of the Urine.*—By W. C. ROBERTS, M.D., Editor of the N. Y. Annalist.

*On Surgical Anatomy.*—By R. WATTS, Jr., M.D., Prof. of Anatomy in the College of Physicians and Surgeons.

The different Lectures will, as far as possible, be illustrated by Clinical instruction, cases, drawings, preparations, &c. Fee for the Course, as usual, \$10.

Address C. R. GILMAN, 657 Houston Street, New York.

P. S.—Dr. WILKES, being prevented by other engagements from giving his Course on Diseases of the Eye, will yet deliver a full course of Clinical Instruction at the Eye Infirmary. All the Students have the privilege of attending this Institution gratuitously. March 1—3t

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#### RHODE ISLAND MEDICAL SCHOOL.

THE undersigned are associated for the purpose of giving instruction in the various branches of medical science—viz.:

Theory and Practice of Medicine and Obstetrics, by JOSEPH MAURAN, M.D.

Clinical Surgery, LEWIS L. MILLER, M.D.

Principles and Practice of Surgery, HENRY W. RIVERS, M.D.

Chemistry and Toxicology, THOMAS P. SHEPARD, M.D.

Anatomy and Physiology, GEORGE L. COLLINS, M.D.

Materia Medica and Pharmacy, GEORGE THURBER.

Lectures or examinations will be had daily.

Students will have access to a good medical library, a cabinet of anatomical preparations and plates and will have abundant opportunities of seeing practice.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII. WEDNESDAY, MARCH 15, 1848.

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No. 7.

## THE SUMMER AND AUTUMNAL FEVERS OF THE CONNECTICUT RIVER VALLEY.

[Read at the annual meeting of the Vermont Medical Society, by Dyer Story, M.D., and communicated, agreeably to a vote of the Society, for the Boston Medical and Surgical Journal.]

HAVING had the honor of being designated to address you on the present anniversary, I have selected for my subject "*The Summer and Autumnal Fevers of the Connecticut River Valley.*" In executing this task, I shall make no attempt at a display of medical literature, but give a plain statement of such facts as have fallen under my observation during the last thirty years, in relation to the phenomena and treatment of these fevers. It may be well, perhaps, in the outset, to give a succinct topographical view of the field of observation.

Most of the cases of fever upon which these observations are founded, occurred in the towns of Windsor, Hartland, Woodstock, Reading, Wethersfield, Springfield, Cavendish and Chester. Windsor is in 43° 29' north latitude, and lies on the west bank of Connecticut river. We have in the region of the above-named towns a great diversity of surface, it being thrown into mountains and valleys, hills and gently-sloping plains. Its geological formation is decidedly primitive. Numerous rivers and streams intersect the country, and everywhere afford water power for manufacturing purposes. To render this power available, numerous artificial ponds have been created by damming the streams, which in very dry times, by use and evaporation, frequently become dissipated, leaving large quantities of vegetable matter exposed to the influence of the sun, and thereby becoming fruitful sources of disease. Along these rivers and brooks, are in many places low alluvial grounds. We have here also numerous swamps, though none of any great extent, filled with half-decayed vegetable matter, the accumulation of ages, and in calcareo-micaceous districts lined with a substratum of shell marl. The soil is generally a sandy, approaching to a clay loam, strong and productive, and highly cultivated. The population is agricultural and manufacturing, remarkable for industry and moral worth, and ambitious to be distinguished for their love of neatness and domestic comforts.

In relation to the early history of continued fevers in this section of the Connecticut River Valley, few facts have come down to us. From Dr. Gallup's sketches of epidemic diseases in the State of Vermont, published in 1815, we gather that in 1797, fevers, which had formerly



been called inflammatory, bilious or remittent, seemed to assume a more formidable aspect. They were now called, by some, typhus, and by others putrid. In some instances the patient would be affected with yellowness of the skin, and without any particular affection of the region of the liver. The following year, 1798, this putrid typhus prevailed in Royalton, Hanover and Windsor, and I remember reading, many years ago, when a medical student, either in the New York Medical Repository, or the Medical Museum, published in Philadelphia, an account of this fever, and which was headed "yellow fever in Windsor, Vermont."

It appears, from some manuscript records left by Dr. Isaac Story, who practised, two years previous to his death, in Windsor, that typhus fever of a very putrid character prevailed in the vicinity during the summer and autumn of 1799, 1800 and 1801. Almost all of these cases occurred in valleys or near alluvial grounds, and were protracted in their duration and severe in their forms. In many large families every member, young and old, was attacked by it, and in many cases it proved fatal. The disease seemed to commence earlier in the season in those days than at present, as cases often occurred in May and June. The country was then new, and almost every farm was in the process of being cleared of its forest growth of timber, and a large amount of decaying vegetable matter was exposed to the early summer sun, producing that invisible, intactable malaria or miasm, which seems to be one of the most common sources of fever. For many years after this period, it appears that typhus did not prevail as an epidemic, but every summer and fall brought sporadic cases, the general character of which agreed with Cullen's description of continued fever. During the summer and autumn of 1813, these sporadic cases were distinguished by unusual malignity, and were unusually fatal. The year 1814 was marked for the universal prevalence of typhus throughout the Union. During this epidemic, I believe in no case was the fever protracted beyond the twenty-first day, nor did it generally terminate previous to the fourteenth. The brain and nervous system were the principal seats of local disease, complicated with the general febrile affection; but in some cases the digestive tube suffered more than any other viscera, giving rise to tympanitis, diarrhœa, and probably to ulceration, and in fatal cases to perforation of the coats of the intestines. At that period it was not known that Peyer's and Brunner's glands were seats of disease in cases of typhus, either as the cause of the febrile affection or as consequent upon the general disease. Of course *post-mortem* examinations of persons dying of fevers were seldom made. During this period, and for many years thereafter, in no case that fell under my observation, did there appear any sensible perspiration upon the skin until a solution of the disease, and when that did occur we were sure that the fever would decline immediately, and in a few day be entirely gone.

In this epidemic, after the precursory symptoms, which generally lasted from a few hours to as many days, had passed off, the patient's skin became hot and dry, the pulse frequent, full and somewhat hard, costiveness and considerable thirst prevailed; pains in the limbs, back, head



and back of the neck ; and the tongue was covered with a yellowish fur. These continued generally for the first week, when the pulse became more frequent, and less hard, anxiety and restlessness prevailed, ringing in the ears and slight delirium in some cases, and in all the evening exacerbations and morning remissions were observed. In mild cases these symptoms continued for one, two or three weeks, when the pulse became gradually less frequent, and more soft, the tongue lost its fur and became clean, a gentle perspiration broke out over the whole body and limbs, the urine assumed a lighter color and deposited a flaky sediment, the secretory organs regained their functions, the appetite returned, and health and strength were restored.

In severe or malignant cases, symptoms of a more alarming nature made their appearance. In these cases the danger seemed to arise from local disease superadded to the general affection of the whole system. The viscera contained in one or the other of the three great cavities were the seats of local disease, and if not successfully combated the following symptoms arose. The pulse became irregular ; great anxiety or stupor supervened ; low muttering delirium, starting of muscles and tendons, involuntary evacuations by stool and urine, picking at the bed-clothes or imaginary objects in the air, hiccough, and other symptoms of like character, preceded the fatal termination ; although many, under judicious treatment and careful nursing, recovered, when most of these alarming symptoms had made their appearance.

The treatment found most useful in this epidemic was that which was best calculated to obviate or subdue the local lesions that occasionally arose in the case, and to treat the general disease on the temporizing or *expectant* plan. The use of the lancet was seldom required, and when used was oftener productive of bad than of good consequence. Emetics and cathartics were necessary in the earlier stages of the disease, but, as often happened in bad cases in the latter period of this fever, a diarrhoea supervened, and gentle astringents were called for. Biliary derangement was corrected by the use of calomel or blue pill ; local inflammations by fomentations, blistering, sinapisms, cupping, &c. When this mode of treatment was pursued, but few patients were lost ; but when an opposite course was adopted, cases became intractable, severe, and often fatal.

From 1814 to 1825, nothing unusual appeared in the few cases of typhus that yearly made their appearance. But in 1825, these fevers assumed a new and very different aspect from those seen for many years previous. It appears, from a record I made of the weather at that time, that the previous winter was more mild in its general character than usual, yet was subject to the most extreme changes, from a mild temperature to the most intense cold. The fore part of December was mild as autumn, till about the middle, when it became suddenly extremely cold, after which it was mild till the 25th January, when the mercury stood at 18° below 0 at sunrise ; and the next day, the 26th, it thawed all day by the heat of the sun. With the exception of a few of such sudden changes, the whole of that winter was characterized by unusu-



ally warm weather; winds blowing generally from the south, loaded with moisture and exhalations. The consequence was one of the most wide-spread epidemics known for many years, affecting indiscriminately almost every person. It occurred in the various forms of influenza, pneumonia, pneumonia typhoides, &c., affecting severely the mucous membranes of all the air passages; and towards the close of the epidemic, many cases occurred in which abscesses formed in the ears and nose. It prevailed most during the month of February, but did not wholly subside until the beginning of April. In June a severe drought commenced, which continued for nearly a year, so that many wells, which had not known the want of water before, became dry, and some continued so for ten months. This epidemic continued-fever commenced in July and lasted till November. In some cases the precursory symptoms were slow in their progress, so that the patient would be several days neither well nor much indisposed. In other cases, especially when several were sick with the disease in the same family, in crowded situations, and particularly where cleanliness was not much observed, persons would be seized with such violence, and the progress of the disease would be so rapid, that they would be prostrated at once. The attack was ushered in by a sense of languor and debility, pains along the back of the neck and down the spine, accompanied by a coldness of the skin and rigors. The respiration was hurried, and the pulse small and frequent. After the lapse of a few hours in some cases, and several days in others, this chilliness and rigors were succeeded by continued heat, with pain in the head, nausea at stomach, and restlessness. The pulse for the first few days was rather full and frequent, tongue slightly coated, and thirst not very urgent; skin dry, and the bowels constipated. When this state of things had lasted a few days, a remission of the fever would take place, and a profuse perspiration break out over the trunk, or limbs, or both; yet, as a general rule, this sweat, though profuse, would be partial. The pulse would become slow and soft, and for a short time everything would indicate an approaching crisis of the disease. Yet all these flattering symptoms were delusive, for immediately the skin would become dry and hot, the febrile excitement return, and the former train of symptoms continue for a time, to be again succeeded by remissions and exacerbations, until a solution of the disease relieved the patient, or these and other more alarming symptoms led to a fatal result. Slight delirium was very frequent, but a tympanitic state of the bowels was noticed in very few cases. But the nervous system was more particularly implicated in the disease. Visceral lesions of the abdomen, nevertheless, sometimes occurred; as functional derangement of the liver, giving rise, in some cases, to a morbid secretion of bile, and, from its being regurgitated into the stomach, to bilious vomiting. In other cases a strong tendency to diarrhœa manifested itself, often rendering them perplexing and difficult to manage. These cases run an unusually protracted course. Of about fifty cases which came under my treatment, none were protracted beyond the thirtieth day; but I had occasion to be consulted in cases that



run on for more than forty days, and some, I was credibly informed, continued for sixty days. From these cases convalescence was extremely slow.

The efficient cause of this epidemic appears to me to have been a malarious condition of the atmosphere, occasioned by the peculiarity of the season. It is true cases appeared on hills as well as in valleys; but when we consider all the circumstances, I think we may see why it is so. During the warm months, the temperature of valleys is augmented by reflected heat from their sides; of course, the air in these valleys, loaded with malaria, rises to the summits of the surrounding hills; hence we see those inhabiting these hills often the subjects of fever. I had five cases in one house on the top of an elevation of about a thousand feet above the Valley of Black river branch. Isolated upon this summit are three farms, lying in a basin, surrounded on all sides, except the west, by steep acclivities, and at the bottom of this basin are found large tracts of swampy grounds overrun with a rank vegetable growth, and which during the great drought of this season was in a decaying condition. The house in which these cases of fever occurred, was situated on the side of one of these acclivities, considerably higher than the other two. The rarefied air from the swamp rising to where the atmosphere was more dense, from its higher elevation, there became stationary, in the vicinity of this house, subjecting its inmates to its miasmatic influence, and thereby rendering them subjects of this epidemic.

I had this year three or four cases in a family who resided near the north-west base of *Ascutung mountain*, on a table land considerably elevated above a deep ravine upon each side of it. This table land is about half a mile in width, and slopes with a gentle declivity for about a mile to the valley of Millbrook, a stream rising in the west part of Reading, and after running an easterly course of about eighteen miles, falls into the Connecticut river at Windsor. This house is situated many feet higher than any other in the neighborhood, and is within a few rods of the foot of the mountain which here rises very abruptly, and which was formerly covered with a dense growth of evergreen, principally hemlock and spruce; but within a few years past many acres of this woodland had been overrun by fire, so that the next year after the fire nearly the whole of the trees would fall to the ground, and there undergo rapid decay. During the drought of this year, the fire run over many hundred acres of the mountain adjacent to this dwelling, the immense quantity of timber of which was left to rot upon the ground. From the nature of the ground, it being covered with moss, it was fitted to retain moisture during the year, except in the heat of summer, when this abundant accumulation of vegetable matter underwent rapid decay. This house and extensive farm was owned and occupied by an opulent farmer and stock grower, whose numerous buildings were kept in the neatest and most cleanly condition, and the good housewife was a model of neatness. The family had resided on this spot for more than thirty years, indeed from the first clearing of the farm, had reared fifteen out of sixteen children, and had scarce a day of sickness until a



year or two previous to the occurrence of this epidemic. Some cases of fever had a year or two back occurred in the family, and now three or four of them were down with epidemic; and what appeared very singular to every one, every hired man who engaged there for the season, for the next ten or twelve years, was subject to and underwent a severe and malignant course of fever. Not one escaped.

Now there was nothing about the premises that could be suspected of being the efficient cause of these cases of fever, which made their annual appearance. For myself, I have supposed this cause to have been a miasm or malaria arising from the decaying vegetable matter upon the side of the mountain, which had been overrun by fire as before stated; that those members of the family who had not had the fever had become acclimated; and that every new comer who came to stay through the summer, was, about the middle of July, attacked as before stated. And the manner in which this was brought about, I have thought was as follows. The summit of this mountain is about three thousand feet above its base; of course the air upon its top is cold and dense, even in midsummer, and has a tendency, from its density, to seek the valley below, where, meeting with air of a higher temperature, it becomes itself rarefied, and again rises; and this process, I take it, is constantly going on in summer, on the sides of all mountains. In this way I have supposed the malaria was brought within the neighborhood of this family; and that other families, situated lower down in the valley, were secure from the malarious influence of this descending mountain current of air, loaded with miasm, by its being rarefied by the warmth of the valley, and therefore rising before it reached their dwellings. The proximate or exciting causes were probably such as in all other cases bring into play the deleterious influences, which, without the aid of these, in many cases would still remain powerless.

I will now say a word in relation to the treatment pursued in this epidemic. In my own practice, the use of the lancet was discarded wholly, except in one case, in which the symptoms partook more of an inflammatory character. In most cases the first passages were cleared in the outset. Then a mild, expectant, non-disturbing plan was pursued, vigilantly watching the approach of visceral disease, and promptly combating it with suitable remedies. Mercurials were never used, but when local disease of the biliary organs clearly indicated their use. To answer this purpose, alterative doses of *blue pill* were preferred to the *mild muriate of mercury*. The practice of administering 15 or 20 grains of *calomel*, or even 10, to patients in low typhus, who seem to be vacillating between life and death, I cannot but think is very reprehensible, and too often prostrates the little strength left to the patient, and hastens the fatal result.

In the third and fourth week, or still later, a mild nutritious diet, and tonics, were much to be relied upon. The compound decoction of bark, when fever had wholly subsided, was generally given, with much benefit. But in this epidemic I found, as I have often done since, *Fowler's arsenical solution* of immense benefit as a tonic. It was given, during con-



valescence, in doses of from four to six drops, from three to four times in twenty-four hours, variously combined with other remedial agents. Opium in various forms was, in the latter stages of the disease, administered with great advantage, and could hardly be dispensed with.

Following this course of treatment, the outlines of which are merely sketched, of about fifty cases one only proved fatal; and that an old lady of *ninety* years of age, who died on the twenty-first day of the disease. And here I will remark, that in these fifty cases, no one was under the age of 15 or 16 years.

In 1827 and 1828 a new feature was noticed in our continued fevers. This consisted in a painful swelling of one of the lower limbs, which occurred during the latter period of the disease. About a dozen cases occurred in my practice, and all of these in male adults. Nothing of this sort had ever before been noticed by me in fevers. Professor N. Smith, in his work on typhus, had merely mentioned that a swelling of the lower limbs sometimes takes place in consequence of a want of proper action in the absorbent vessels. But the cases above alluded to put on every appearance of *phlegmasia dolens*. Indeed, I could see nothing in them that differed from that painful affection, to which lying-in women are sometimes subject. The same location of pain and tumefaction, the same paleness and elasticity of the skin, the same inability of motion, and the same obstinacy in yielding to remedial measures, characterized the one as the other. These patients all ultimately recovered, but many of them were troubled for years with chronic swellings of the limbs, and several of them had superficial ulcers in those limbs, that were difficult to heal, and when healed were very apt to break out afresh. A similar affection was noticed in Europe, I believe for the first time in 1826, by Drs. Graves, Stokes, and others. Dr. Graves, in allusion to a case he had in 1837, observes, that by a careful examination we shall be able to discover some essential difference between this disease and *phlegmasia dolens*; but the distinctions he has enumerated, I think, could not have been observed in the cases I treated in 1827, as I then carefully noticed and recorded the appearances, and could not then see, nor can I now recollect, any essential difference in the two complaints.

An epidemic fever prevailed pretty extensively in this vicinity in 1831, in which the abdominal viscera were principally engaged, especially the mucous coats of the intestines. The fever seemed to be of a low nervous character, which in a few days after its accession was accompanied by a diarrhœa, which rendered the treatment very difficult and perplexing. Depletory measures were out of the question. Cathartics, even of the mildest kind, could not be used with any advantage, as they uniformly rendered the case more difficult to manage. This seemed to arise from an inflammation of the mucous membrane of the digestive tube, ending in ulceration, and, in fatal cases, probably in perforation of the intestines. In the commencement of the disease, small doses of Dover's powder, with a small blue pill occasionally, camphorated James's powder, a solution of nitrate of potash, &c., seemed well



adapted to the mitigation of the disease. At the same time, mucilaginous drinks and a very bland diet were necessary. Blistering and fomentations to the bowels were frequently resorted to.

In the advanced stages of the disease, when the strength was sinking under the discharge and the more active inflammatory action had passed off, when the pulse was getting low and feeble, it became necessary to use astringents to check the diarrhoea and relieve the patient from its prostrating effects. For this purpose gum catechu was often given in solution. The chalk mixture, with blue mass, ground together in a mortar to a fine powder, was found to answer a valuable purpose, especially when any lesion of the liver indicated its use. The acetate of lead and opium, in doses of two grains of the former to one fourth of a grain of the latter, were given with the happiest effect.

By thus carefully managing these cases, it was seldom that one proved fatal; and when that was the result, I think, if *post-mortem* examinations had been gone into, perforation of the coats of the intestines would have often been found. Indeed, these cases seemed to be what, in more modern times, has been called *dothinerteritis*; and so far as I am able to judge from observation, the glandular lesion is a consequence of the general disease, rather than that the fever is the result of the primary affection of the glands.

In the summer and fall of 1840, I had the care of about fifteen cases of fever, every one of which had pneumonitis combined with it. The pneumonitis would supervene from the fourth to the tenth day of the general fever. There would be pain in the chest, difficult breathing, cough and bloody expectoration, for five, seven or ten days, when these symptoms would subside, and the continued fever go on as usual; the bowels would also soon become tympanitic, and perhaps a diarrhoea set in. Nearly all of these cases proved severe and difficult to manage. Yet all of them terminated in recovery. From the typhoid state of the fever I did not think proper to practise venesection in any case. Blistering, counter-irritation and expectorants, succeeded in bringing about a resolution of the inflammation of the lungs, when lesions of the digestive organs in most of the cases followed.

When tympanitis supervenes in the first part of the disease, and seems to depend upon inflammation of the mucous membranes of the intestines, it should, I take it, be treated on antiphlogistic principles; but when it occurs in an advanced period of the fever, when the patient is in a low state and the mucous membranes are in an *asthenic* condition, then stimulants seem to be called for; and in this condition of things turpentine may be administered with evident benefit. But I have of late years obtained the most speedy relief for the suffering patient by introducing into the rectum a large gum-elastic tube, by which means a large quantity of gas is allowed to escape, and instant relief is afforded.

As an evidence that malaria arising from putrefying vegetable matter is commonly the efficient cause of our continued fevers, I will relate, in as brief a manner as possible, some circumstances that have come under my observation. In the summer of 1844, during a severe drought, a



pond in Wethersfield became for a few days dry, and an unusual quantity of vegetable and animal matter, such as lily pods, aquatic weeds, and slime, were left exposed to a hot sun. The stench from this source was almost suffocating to those who passed by. A dwelling house stood a very few rods from the pond, and had been occupied almost time out of mind, by one family and their descendants, until a year or two before this occurrence. The cow-yard was on the margin of this pond, and a lad, 14 or 15 years old, was accustomed to go there to milk the cows, night and morning. For two or three days after the pond became dry, the stench, whenever he went to milk, was found by him so great that considerable nausea was produced, and the last time he went he was immediately taken with vomiting, went to the house, took his bed, and typhus in its worst form brought him to the very verge of the grave, but from which he finally recovered. A sister came from New Hampshire to take the care of him, and was attacked with the same malignant disease; and then two other sisters shared the same misfortune. These four cases in old times would have been called *nervous putrid fever*. The fever continued some thirty days in each case. Typhoid delirium prevailed in each. The muscles of the jaws and those of deglutition almost wholly lost their power to act. In two of the patients the hearing was wholly lost for many days, and one of the girls was not known to utter any vocal sound for eleven days. Picking at the bed-clothes and other imaginary objects was noticed in three of the cases. Yet all of them ultimately recovered.

In a small village some eight miles from me, for some years past, typhus has prevailed in a very malignant form. Through this village there run two small brooks, large enough to turn machinery, and in the village are no less than six or seven dams thrown across them. The ponds thus produced are often, in a dry time, left bare of water, and are no doubt in my mind the source of these fevers.

The question now naturally arises, are these fevers contagious? For myself, I am compelled, from more than thirty years of extensive practice, to answer in the affirmative. Not in the same degree, however, as some of the exanthematous diseases, but in certain situations and under certain circumstances they do unquestionably become so. Watchers who attend the sick for a night only, and then leave the infected house, perhaps seldom contract the disease; but nurses who have not before been accustomed to breathe the pestilential atmosphere of a fever ward or room, and are then obliged to be constantly with the sick, in crowded apartments, for a week or two, do undoubtedly often get the disease by contagion. Numerous facts have come under my notice, which confirm the truth of the contagiousness of typhus fever beyond a doubt in my mind.

From my long intercourse with the sick, and from the many opportunities I have had of observing patients in fever under various circumstances and in all conditions, I have become convinced of the truth of the double origin of typhus fever—that by malaria, and that by contagion in certain crowded situations, where the pestilence appears to be in a concentrated form.



With a few general remarks, I shall close. Fevers, which prevail in summer and autumn, either sporadically or in the form of an epidemic, seem to be affections of the whole system, yet combined with various local lesions or visceral disease; and the main object of the practitioner in treating them, is to guard against the danger arising from these local affections. Who among us has seen much danger arise in fevers, unless from these local affections? such as cerebral, thoracic, gastric, enteric, hepatic, neuralgic, or other lesions, which, superadded to the general disease, are fraught with so much danger to life, and so often lay the fair fabric of man in ruins. Hence the great impropriety of treating fevers upon one general plan. For myself I have never found, even in the same epidemics, two cases of fever exactly resembling each other. Should, then, the treatment be the same? Should the practitioner expect to cure all these varying cases by bleeding, by cathartics, by calomel, or by any other particular remedy? Would he not act more wisely and consistently by varying his remedial measures, and adapting them to the exigences of the case? He who pays the strictest attention in watching for these local affections, in his treatment of fevers, who sees them when they arise, and adapts his remedies to their removal, I think gives his patient the greatest chance to recover.

A very different mode of treatment from that which I have here endeavored to point out, emanating from a former high authority in this State, and followed by many practitioners, I have often seen, but have neither time nor inclination here to notice further.

*Brownsville, Vt., October 11, 1847.*

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#### EXTERNAL USE OF CHLOROFORM.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a single instance I have made use of the chloroform externally, and with satisfactory results. The particulars of the case I will relate.

Mr. W., of this place, while harvesting ice, on the 16th inst., accidentally plunged the hook with which he was hauling the blocks, into the fleshy part of the fore-arm, about midway from the wrist to the elbow, and over the radius. The wound bled profusely, until he applied the other hand to it, when there immediately occurred considerable infiltration into the cellular tissue, so that by the time he reached my office, which was within three minutes' walk, there was much tumefaction. The radial nerve seemed to be in some way implicated, either by the effused blood or the penetrating instrument, as he was unable to move the thumb and first two fingers, or allow them to be moved, in consequence of the excruciating pain that the movement occasioned, some two or three inches above the wound. The ring finger was less implicated, and the little finger scarcely at all affected—showing that the ulnar nerve was not encroached upon. This condition of things remained for several days, and in the mean time I directed the use of a stimulating liniment over the painful part, without amendment, until



Monday, the 21st, when I suggested to him to call upon me in the evening, and I would try an application of the chloroform. I dropped upon his arm about a drachm of the chloroform, which evaporated very speedily without any manifest effect. I was then obliged to be absent for about an hour. Upon my return I found him waiting for me at my office, to show me the surprising effects of the remedy. He had recovered entirely the use of the hand and fingers, and with the exception of a slight inconvenience over the *lower* part of the radius, he could perform every motion without the least pain. I applied the chloroform to this part, by means of a piece of surgeon's lint moistened, over which I applied oiled silk to prevent evaporation. Perhaps a piece of bladder would have answered this purpose better. The next morning, and to this time, all traces of this painful implication of the nerve have been removed, and there only remains a slight weakness of the limb—the common result of a wound, probably, rather than the effect of the application of the chloroform.

The idea of its external application was first suggested to me by the benumbing effect it produced upon the lips of a lady, to whom I gave it upon a sponge, without an inhaler, lasting twenty-four hours. Since using it in the case of Mr. W., I have met with the suggestion of Dr. Warren in the appendix to the re-print of Prof. Simpson's pamphlet, concerning its external use "in the way of friction in rheumatic, neuralgic, and other local pains."

B. H. T.

Concord, N. H., Feb. 28, 1848.

#### BOTANICO-MEDICAL LECTURES IN BOSTON.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—We of the West, are the last men in the world to object to the freedom of thought and speech, or the go-a-head-ativeness, of any one in the conscientious discharge of what he conceives to be his duty. We are therefore glad to see you come out boldly and notice our operations in Bromfield street.\* We doubt not, however, that you will not only allow us, but be pleased to have us put you right in your rail-car course, whenever we find the flanges of your locomotive bounding from the track. In the first place, you will please not to call us by any sectarian name. It might associate us with, or require us to defend, principles which we repudiate, and suppose us to approve of some part of the conduct of men with which conduct we can have no cordial fellowship. We teach some doctrines that Thomson taught, and use some remedies that he used. So we teach some doctrines that Rush taught, and that Watson, Hall, Chapman, Dunglison, Paine, Bigelow and Holmes teach, and use some articles they use; but we do not teach all the doctrines or practices of any of these gentlemen, and there-

\* See last week's Journal, page 123.



fore do not wish to be called after the names of any. We teach the truth of all, and reject the errors of all, "according (of course) to the best of our ability." We profess to be physicians—teachers of the true principles of medical science—practitioners of the true healing art. We are willing to be judged by facts and arguments, but not by association with anything already supposed to be condemned. That we are close to the Journal office, is a most fortunate circumstance. We always love to get as near as possible to *the light*. We expect to derive great benefit from this favorable proximity.

If the Worcester men have gained to themselves an enviable position, in the good wishes of our friend Dr. Smith, and others, *we have no* right to claim any merit or privileges on that account; and if they have neglected or done, anything they should not, we hope not to be judged by their failings or transgressions. As to our coming "to loggerheads," we are happy to allay your fears on that score, for we quarrel with no one for difference of opinion; and it cannot be said that we have trespassed on the Worcester mens' pre-emption rights, unless it can be proved that they own the Bromfield square, and have been appointed special guardians for the free inhabitants of the whole "city of notions," and of all the *terra firma* of the Pilgrims.

If they enter the *political* arena, we have no right to complain, but *our* kingdom is not of that world—our object is to correct error and disseminate truth, irrespective of names, sects or parties. Of course *you* who love truth, have no reason to fear us, whether we "talk loud or low." Our object is a benevolent one; and our ambition to do good, is not confined to any one class. While we would enlighten our Thomsonian friends in the thing that they need, we will just as cheerfully help our friend Dr. Chapman to get out of the "Dedalian labyrinth" of medical science, in which he says he is "groping like Homer's Cyclops round his cave." We would gladly assist him in his efforts "to harmonize the contrarieties of medical doctrines," to remove that "absurdity, contradiction and falsehood," which characterize its principal doctrines, and "to revolutionize medicine, and give to it that *new* direction," and bring into it those great improvements which it so imperiously demands.

We would cheerfully assist Professor Paine in his efforts to establish the important doctrines of vital action, which he now sees only "as men like trees, walking," but which he feels confident must exist. We would remove from Professor Bigelow the painful necessity of exclaiming, in the fullness of his knowledge, and the honesty of his heart, that "medicine, in regard to some of its professed and most important objects [the cure of disease], is still an ineffectual speculation"! We would rejoice to be the instruments of furnishing to our friend, Dr. Smith, a key to the true science of medicine, and the practice of the only healing art, which would enable him, as an editor, to separate truth from error, and save him from publishing, under the sanction of *names*, instead of facts, and arguments, much that will perpetrate injury instead of doing good. It is wrong to "suppose" that *all* men of *any* class are



“equally stupid,” and we thank friend Smith for his determination to give us a hearing, and to treat us according to our merits.

*Boston, March 10, 1848.*

“CHANCELLOR.”

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#### THE USE OF MECHANICAL SUPPORT, CONTRASTED WITH OTHER TREATMENT, IN PROLAPSUS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

IT is under this head, that I propose to consider the use of mechanical support. By mechanical support, I mean that support which is derived from the various contrivances of the present day, and used for that purpose, no matter what appellation they assume. I believe it to be no uncommon thing, in the treatment of this affection, for physicians, as soon as they discover the existence of this disorder, to recommend mechanical support. In my opinion, nothing can be more injurious, in the commencement of the disease, than this mode of treatment. It is known to all physicians what unbounded praise every proprietor or inventor of these instruments bestows upon their use, in every state and stage of this disorder. If it is only this disease, say they, use this abdominal supporter, or that lace, or a pessary, and you have a specific. Not only the inventor lauds, but every vender; and to back their recommendations, whether they do it personally or by advertisement, they append the certificate of some eminent physician or professor of midwifery. Some of these certificates unquestionably are genuine; and it is lamentable that they are so, for it throws their testimony in favor of an instrument, without any qualification respecting its use, or by whom it should be recommended. I take such certificates as appear in the medical journals, appended to the advertisements of such instruments as are advertised, to be genuine. I do not object wholly to the use of such means in treating this disease, but I do strongly object to this indiscriminate use of mechanical support.

If I rightly understand the object for which mechanical support is used in this disorder, it is this, viz., to keep the displaced organ in its natural position, until the cause or circumstance which induced the disorder has been removed or has subsided, and the parts have become healthy and remain in a natural state. Now can this generally be accomplished by such means? I think not; and rarely, I believe, would such means be required, if the case was rightly managed in the first stage. In recent cases, I proscribe this treatment wholly—and it is only in those cases of long standing, where the parts have become thickened, and accustomed to the unnatural position, that this mode of management is of any avail. Here, unquestionably, it palliates, and assists the patient, in locomotion. There are cases where permanent cure, by neglect or mismanagement in the first place, was not effected, and the constant use of this support renders it indispensable. In such cases only, do I deem it necessary.

Prolapsus, usually, exists from the following immediate causes. First,



relaxation of the ligaments of the uterus ; 2d, relaxation of the vagina. The first, as James says, allows the uterus to descend, the last permits the parts to receive it. The operation of the pessary, in this disease, is to lessen the weight of the uterus upon the ligaments, and thus permit them to regain their native strength. In order for this instrument to accomplish this, it must be firmly fixed in the vagina. Any one can perceive, if this be done, the vagina must be distended, while it ought to be contracted. The weight of the instrument (no matter of what it may be constructed) and the distension that it produces, will create many of the unpleasant symptoms of the disorder itself. The distension of this instrument produces irritation in the lining membrane of the vagina ; and if worn for a considerable period of time, it produces permanent dilatation. The anterior pressure from this instrument is often so great as to cause strangury—posteriorly, as to induce constipation, flatulency, and not unfrequently hemorrhoids. Consequently, when we find the system laboring under local and general irritability, with general debility and local relaxation, as is most commonly the case in this disorder, we find the pessary operating very unphilosophically. It increases irritability, which should be lessened, and produces distension where there should be contraction. It is much the same with the other instruments used as supporters in this disorder. It is true that the abdominal supporter does not operate precisely as the pessary, i. e. in its local effect, though in its general operation it is much the same. It is impossible to use mechanical support without confining muscular action, and you cannot do this without producing debility. This I believe to be a physiological axiom. The abdominal supporter confines the abdominal muscles—bringing on or inducing irregular action of the bowels—thus inducing dyspepsia, with a host of nervous symptoms. It is the same with the lace, or any of the external supporters.

My mode of treating these cases is as follows. As soon as I ascertain that this disorder exists, I adopt such constitutional remedies as are indicated. If there is local irritation or inflammation, I use leeches, applied to the vulva or perinæum, together with sedative lotions, such as lead water, cold water, with or without morphine as the case may seem to require. I have derived great satisfaction from local applications in which there was a solution of sulph. morphine. This last seems to quiet, as if by a charm, that peculiar uneasy irritability that accompanies this disorder. The above lotion may be used either by injections, or by pledgets of linen, in folds adapted to the vagina. It is important that when this disorder appears for the first time, and indeed always, the patient should keep the recumbent posture as much as possible. By so doing, and keeping the bowels open with neutral salts, we effect all that can be accomplished by mechanical support, without any of the deleterious consequences that result from the use of such means. If this disorder arises from relaxation and debility, I use astringent injections, as the sulph. aluminæ, tannin, sulph. zinci, or the acet. lead, with morphine. The last two I frequently combine, I mean the zinc and lead. It is essential to the cure of this disorder, that perfect rest be enjoined. Sometimes



I use the above articles in the form of an ointment—combining the astringent and narcotic. In cases of long standing, I think this mode preferable, as the substance remains longer in contact with the parts, than when applied by injections. The cold hip-bath, or showering the back with cold water, is useful in cases where there does not exist contra-indicating symptoms. If there is general and local debility existing at the same time, a selection of such tonics should be made, as will promote both local and general vigor. On the contrary, if there is general debility, with local congestion, irritation or inflammation, a choice should be made of such tonics as impart general tone, with the least determination to the uterine system. I think any one who will follow the above suggestions, will be satisfied with the result, and if the case be of recent standing, I will assure him he will not need the aid of mechanical support. Indeed, in my judgment, were the disorder rightly managed in the first instance, we should be rarely necessitated to use mechanical support.

F. H. P.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 15, 1848.

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*Progress of the Use of Chloroform.*—The evidence in favor of, and against the use of this new anæsthetic agent, is daily accumulating, and time and discrimination are needed to award to each the weight to which it is entitled. The unfavorable results in the use of any new remedial means are pretty sure to be made known in some way, and it is well that they should be. In the present instance some such have undoubtedly occurred, and a knowledge of them should at least lead to great caution in the administration of an article possessing so great power over the human system as chloroform has shown itself to possess. The following, from the public papers, are specimens of the kinds of evidence to which we have alluded. The indefiniteness of the latter quotation will not be unnoticed by the reader.

1. "Dr. W. Nelson, of Montreal, performed the operation of lithotomy on a man aged 65 years, and who had been put under the influence of chloroform. A small quantity of the fluid was poured upon a piece of lint, put in a fine cup-shaped sponge, and this was held over the mouth and nose, when in a few moments the patient was plunged into a state of complete insensibility, and so continued during the whole operation, which was somewhat protracted in consequence of a part of the stone crumbling down, it being very soft and porous. It is worthy of remark that Dr. N. performed the same operation on this man in the month of August last, and removed two exceedingly hard and smooth calculi. On that occasion ether was used, which also had the effect of destroying the feeling and consciousness during the operation; but its application required twice as much time as in the present instance, and the subsequent effects, though soon over, were unpleasant—a dizziness and confusion remaining for some time after.



In consequence of the more speedy operation of chloroform, and being unattended with any disagreeable after-symptoms, and requiring no expensive apparatus, with but little ingenuity for its application, we are told that Dr. Nelson gives it the preference over ether, and is of opinion that no important surgical operation should be performed without employing an agent that so effectually protects the patient from those agonizing tortures which are experienced under the surgeon's knife. Drs. Arnoldi and Sutherland assisted at the operation, and a number of medical students witnessed it."

2. "A young lady, daughter of Mr. Macdonald, a baker in Catharine street, New York, recently met her death in the most awful manner, from the use of this now fashionable but most dangerous preparation. About three weeks ago, the ether was employed to allay the toothache; but subsequently the sufferer was supposed to die, from what cause does not appear. The apparent death, however, was only a trance, or protracted swoon; for, on opening the coffin a day or two ago, the unfortunate girl had turned round upon her face, and in her agony and desperation had actually destroyed two of her fingers, on recovering from her temporary death by ether. The Coroner's investigation should elicit the fact as to who prescribed a remedy which produced this most frightful result."

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*Pennsylvania Hospital for the Insane.*—Those who have visited this institution, will recollect that the exterior of the cluster of edifices belonging to the establishment constitutes an imposing architectural sight. There is a grandeur and quiet beauty belonging to the place, which are not found connected with other public structures in Philadelphia. Possibly the charitable object to which the whole is devoted, exerts an influence on the mind. Dr. Kirkbride, the physician, in his late report to the Board of Managers, has left no subject, legitimately connected with the doings of the hospital wisely confided to him, at all neglected. Since the last official document, 240 have been admitted, and 213 discharged or died. More room is wanted—and that is the case in every hospital for lunatics in the nation. The fact is an alarming one, since it shows an unexpected amount of insanity in the country. After detailing the improvements already completed, and particularly speaking of the advantages derived from heating the buildings with hot water, Dr. Kirkbride proceeds to such statistical matters as are worthy of public record. In 1847, 111 patients were cured, and 29 died; one of these had passed fifty-six years two months and ten days in the two branches of the Penn. Hospital, and must, therefore, have been under the care of the illustrious Dr. Rush, in his day. A child, only three years old, was brought to Dr. K. for advice, with decided symptoms of insanity, from a fright. Another curious case, was that of a gentleman, of great private worth and distinguished for his scientific acquirements, but deaf and dumb from birth, who was also deranged. Is not this the first case of the kind on record? A course of lectures was given the past season, to the patients, on various scientific and literary topics, with the best effects. It was a discovery, of immense importance in the management of the insane, that the presentation of new facts, and great and essential truths, is really among the appropriate means of restoring the wandering or disturbed powers of the mind. All the expenses of the Hospital the past year, were \$39,814 48; and the net receipts, \$34,247 40. Average num-



ber of patients, 185—average cost per week for each, \$4.13. Whole amount expended for free patients in 1847, \$8,375 64. It is evident, from the report, that the hospital is admirably conducted, on a liberal scale, without stint, and yet on strictly economical principles; and the institution is an honor to the State of Pennsylvania.

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*Light, Caloric and Electricity.*—Messrs. Ticknor and Co. have sent us a series of learned dissertations, under the modest arrangement of three letters, addressed to Samuel Jackson, M.D., of Philadelphia, and published by Grigg, Elliot & Co., of that city. The author is C. Campbell Cooper, who has taken hold of a difficult subject with the fearless grasp of a giant, conscious of his strength. It requires a peculiar kind of mental organization, to analyze the physical characters of the mighty agents which this philosopher has taken in hand. He is so deep and thorough in argument, that those only whose train of thought flows in the same direction, can appreciate his efforts. His arguments are not only in accordance with the modern schools of inductive philosophy, but something more—for Mr. Cooper dips down into the unknown, and draws thence inferences and suggestions, as startling as they are important. Were this strictly a medical book, we should know better how to approach it; but addressed, as it is, to the understandings of the highest class of general philosophers, it is unnecessary to do more than acknowledge our thanks for a copy, as a specimen of the intellectual vigor and activity of the author.

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*The Human Brain.*—Messrs. Lea & Blanchard, with their accustomed activity in re-publishing standard works, have just brought out an octavo volume on the human brain, its structure, physiology and diseases, with a description of the typical forms of the brain in the animal kingdom, by Samuel Solly, F.R.S., from the second London edition, with 118 wood engravings. The eleven Parts into which the book is divided, embrace structural anatomy, comparative anatomy, protective apparatus, weight of the human brain, configuration of the encephalon, dissection of the human brain and spinal cord, cerebral nerves, vessels employed in the cerebral circulation, development of the brain, physiology of the cerebro-spinal axis, and diseases of the brain. The amount of information brought together in an orderly form in this treatise is truly large and valuable, and well worthy the studious care of medical men—to whom we recommend it, with a conviction that those who examine it with attention, will be instructed as well as gratified.

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*Memoranda on Anatomy, Physiology and Surgery.*—Pocket companions are sometimes preferable to any other. This one, which is a neat little affair, is intended particularly for students preparing for examinations, and will therefore be in request about these days. The author is Mark Noble Bower, who appears familiar with the subjects introduced. Many who have passed the terrible ordeal of an examination for a degree, would have been thankful for this pocket friend to peep into just as the crisis approached. It contains the whole in a small space, and may be relied upon for its accuracy and adaptation to the real wants of a medical student, to say nothing of those who imagine themselves beyond the jurisdiction of text books. S. S. & W. Wood, of New York, are the publishers.



*Marine Hospital Fund.*—From the Boston Traveller we learn that the following sums have been collected in the Port of Boston, for the maintenance of sick and disabled seamen, from Jan. 1, 1832, to Jan. 1, 1848. "By a law of Congress, twenty cents a month is retained from the wages of sailors employed in American vessels, as an offset to their chance of being at some future day an expense to the Government at the Marine Hospitals. No hospital money was collected from March 31st, 1837, to April 1st, 1838, in consequence of an act of Congress to that effect:—1832, \$8,276 99; 1833, 9,167 24; 1834, 9,124 12; 1835, 9,242 19; 1836, 10,011 47; first three months of 1837, 1,409 11—last nine months of 1838, 3,686 58—5,095 69; 1839, 8,293 22; 1840, 8,900 01; 1841, 9,528 64; 1842, 8,698 66; 1843, 7,014 01; 1844, 9,983 97; 1845, 9,901 00; 1846, 9,882 20; 1847, 11,810 08. Total, \$134,928 49.

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*Quackery in the Sale of Pills.*—Sir James Clark, well known as a medical man of high standing in London, and Physician to the Queen, has lately applied at the Rolls Court for an injunction to restrain a certain chemist from selling patent pills, which he is in the habit of advertising as "Sir James Clarke's Consumptive Pills." It was contended by the plaintiff that the pills were not only found to be composed of articles injurious in consumptive complaints, but that his reputation and practice were injured by the supposition that he was engaged in the manufacture and sale of a quack medicine. The Master of the Rolls, however, thought he had no jurisdiction to interfere. The injury done to Sir James, if any, was one of the taxes imposed on men of eminence. The application was therefore refused. It is intimated in the *Lancet*, however, that the matter will not stop here, but that Government will be appealed to for the adoption of measures which will effectually reach every similar case of fraud.

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*Professor Bedford's Reply.*—TO THE EDITOR, &c. "*Quem Deus vult perdere, prius dementat.*" Professor Bedford's "Reply" reminds me of those sagacious boys who sometimes, when playing hide and seek, leave a large part of their persons exposed to full view, and then cry out to the seeker, "come find me." There is little doubt that the profession will always know where to "find him."

*Quere?*—If the Professor did not *mean* to produce abortion, and we have told a naughty fib, why did he "rupture the membranes"? But we bethink ourselves; doubtless his astuteness was all-sufficient for a diagnosis, albeit some foolish old doctors and professors have hitherto thought it difficult. May we not hope for a little instruction on this point?

By the way, we have found no fault with the professor for producing the abortion; in such a case, if fairly stated, the wisest and best of us ought to have done it.

E. H. D.

New York, March 9th, 1848.

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*Instrument for the Administration of Chloroform.*—Erasmus Wilson, a celebrated surgeon of London, gives the following account of an instrument he has used for the inhalation of chloroform.

"The instrument consists of a dome-shaped mask, which encloses the



nose and mouth, and of a cylinder, about two inches long, by one inch and a half in diameter, which projects from its front. The mask fits accurately to the surface of the face, accommodating itself to all irregularities of form, by means of a rim of flexible metal, nicely padded, and admitting of an adjustment that completely prevents the admission of air between the instrument and skin. During inspiration, therefore, the air passes through the cylinder, while in expiration it escapes through a circular opening in the upper part of the mask, this aperture being provided with a valve of the most simple, but effectual kind, composed of vulcanized caoutchouc. The cylinder is furnished with three metal plates, pierced with small openings; one of these plates is placed at the mask-end of the cylinder; another at the distance of three quarters of an inch from the first and the third, which forms part of a moveable cap at its distal end. The space or compartment between the first and second pierced plates is furnished with two check plates, which prevent the chloroform or ether from dropping on the face of the patient, in whatever position the instrument may be held, while the space between the two outer pierced plates is the chamber for the reception of the sponge saturated with its fluid. The cylinder is, moreover, furnished with a moveable cap, which admits of the addition of fresh chloroform or ether to the sponge whenever it may be required.

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*Dr. Ware's Discourses on Medical Education, &c.*—The London Lancet has a favorable notice, with copious extracts, of the work of Prof. Ware, of this city, published last year. The following are the concluding remarks:—

“These discourses are evidently the work of an accomplished writer, and one imbued with a laudable zeal to elevate and support the character of the medical profession and its professors.”

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*New Parisian Hospital.*—Some time back, the Municipal Council of Paris determined on the building of a new hospital. This determination is now in course of being carried out, by the erection of a large hospital called Hopital Louis-Phillippe, in the Faubourg Poissonniere, at the south of the city. It will consist of eight groups of buildings, six to be devoted to the reception of patients, the remaining two to the officials of the establishment. The portion set apart for patients will be two stories in height, with attics. The hospital will be furnished with a large court and garden, and it is intended to make a plantation around it. In England the construction and support of new hospitals is left to the uncertainty and inefficiency of voluntary contributions; and London, although so much the larger, affords less hospital accommodation than Paris.—*London Lancet.*

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TO CORRESPONDENTS.—Dr. Webber's paper on Epidemic Catarrh, and that of S. E. R. on Dentistry, have been received.

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*Report of Deaths in Boston*—for the week ending March 11th. 52.—Males, 29—females, 23.—Stillborn, 4. Of consumption, 12—typhus fever, 6—lung fever, 3—brain fever, 1—scarlet fever, 2—marasmus, 1—croup, 2—disease of the heart, 3—disease of the lungs, 1—disease of the bowels, 2—disease of the brain, 1—dropsy on the brain, 3—jaundice, 1—infantile, 4—drowned, 1—intemperance, 1—cholera infantum, 1—child bed, 3—old age, 1—neuralgia, 1—cancer, 1 teething, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 5—over 60 years, 6.



**Medical Miscellany.**—In Boston, says the Traveller, the deaths for the month of February last, were 266. For February, 1847, 237. Increase 29. As compared with 1847, there has been an increase of deaths from consumption, and a decrease by typhus fever. Fatal cases of smallpox are unusually rare this year, but such as have occurred are represented as being very malignant.—A very malignant form of fever is said to be at present prevalent in Danbury, Conn. From twenty-five to thirty have died, and there are at present ten or fifteen cases.—A London paper says that an old man, upwards of eighty, applied the other day to the Clifton overseers for a charity loaf for his father, who was 102 years of age.—An inquest has been held, near Newcastle-upon-Tyne, upon the body of a girl, fifteen years of age, named Greener, who died under the influence of chloroform, administered to allay sensibility while her great toe-nail was being taken off. The jury returned the following verdict: "We are unanimously of opinion that the deceased Hannah Greener, died from congestion of the lungs from the effect of chloroform."—Dr. Simpson, of Edinburgh, the discoverer of chloroform, has been notified to be in readiness to wait upon Queen Victoria, who soon expects to be confined.—No. 3, of Vol. X., of Mr. Fowler's American Phrenological Journal, is published. He is racy and original, as usual.—A very accurate miniature engraving of Dr. Warren, from a daguerreotype by that admirable artist, John A. Whipple, is on sale at the bookstores.—Dr. Alfred Hitchcock, of Ashby, Mass., a member of the legislature, by mistake was announced, some months since, as being dead. The error was in mistaking his name for that of his brother, who was accidentally killed on the Fall R. Railroad, some time since.—A board of Medical Examiners, for appointments and promotions in the medical staff of the U. S. Army, will convene for business in New York the first of May, and sit till about the middle of June. Why not assemble once in Boston?—Patrick Murphy, an Irishman, died while undergoing a surgical operation, in New York, and being at the time under the influence of chloroform, his death was by some charged to it. The case, however, admits of some doubt.—In the advertisement list of the London Times it is common to meet with evidences of the extensive application of chloroform in obstetric cases—as follows: "On the 27th of January, in Soho square (under chloroform) Mrs. Lewis Hertslet of a son." In one case, also, the following appeared: "On the 19th ult., at Rotherhithe (in the unconsciousness of mesmeric sleep, induced by Mr. Chandler), the wife of Mr. Thomas Moss of a son."—We learn from Prague that great mortality has been caused there by typhus fever. The ravages of this disease have increased the deaths to an extent out of all proportion to the usual average. From the 16th of December, 1846, to the 16th of December, 1847, the deaths amounted to 5,192, being one in twenty-three of the population.—The papers state that Miss Nagel, of Broadway, New York, was put under the influence of chloroform by a dentist, for the purpose of extracting a tooth; she lay lifeless for several hours, and was carried home in a state of insensibility. She has since been laboring under prostration and paralysis of the tongue, throat, the muscles of the throat, and loss of voice.



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New England Agent for Braithwaite's Retrospect, the London Lancet, and the British and Foreign Medico-Chirurgical Review. March 15.

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Feb. 10.—tf



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII. WEDNESDAY, MARCH 22, 1848.

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No. 8.

## EPIDEMIC INTERMITTENT CATARRH.

BY SAMUEL WEBBER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A NUMBER of years since I was attacked, one evening in September, with a dry hacking cough, with a sense of constriction in the larynx. The disposition to cough was very frequent through the whole of the evening, and lasted till I went to bed at 11 o'clock, accompanied all the while with the same constricted feeling. Almost immediately after lying down, the cough ceased, though the constriction remained. I however soon fell asleep, and when I awoke in the morning, I felt perfectly well. After rising and moving about, I coughed lightly a few times, and expectorated a little frothy mucus. During the remainder of the day continued well, and supposed the attack of the evening before was the result of some transient irritation of the larynx, and that it had passed away. At about the same hour in the evening, however, the same symptoms returned, and pursued the same course, the incessant coughing lasting till bed-time, and ceasing soon after retiring to rest, and the constriction of the throat disappearing during sleep, while a slight cough and expectoration ensued in the morning. Thus it went on, day after day, for a number of weeks. In a short time I remarked that the return of the paroxysm in the evening was very regular; the sense of constriction beginning to be felt very exactly at 7 o'clock, and the cough beginning in a few minutes after. No matter how or where I was employed, whether quietly reading or writing in my office, visiting patients, or engaged with company or conversation, no sooner did the hour of 7, P. M., come, than the constriction and the cough came also, so that after a few days I needed no time-piece to tell me of the arrival of that hour of the evening. So troublesome was the cough, that I found it almost impossible to carry on any conversation, as almost every attempt to speak produced it immediately, and in visiting my patients my questions would sometimes be interrupted for several minutes in succession. I tried a variety of medicines of approved efficacy, demulcents, expectorants, &c., with little or no effect.

Of the nature of this singular malady, I was at a loss to form a correct opinion. But remembering something of the feelings experienced during a long attack of asthma when I was a boy, and finding much in the



present sensations resembling them, I finally, for want of something better, set it down as an attack of that disease, which for some capricious reason preferred making its visits in the early evening instead of the early morning. After some weeks of ineffectual medication, I found that under the use of copaiba the cough became less dry and more easy, and having occasion, for some little derangement of the digestive organs, to make use for a few days of small doses of carbonate of iron, soda and cubebs, much to my pleasure and surprise, the disease soon disappeared.

I often since have thought of the circumstances as being peculiar, but never, either in reading or practice, met with anything much resembling them, till the past summer, during a singular epidemic that prevailed in this vicinity. This seemed to be essentially a febrile catarrh, varying greatly, however, in its symptoms, and somewhat in its course, during its prevalence, which lasted from April till November, when new cases of it ceased to make their appearance. When it first showed itself in April, or perhaps earlier, in March, its appearance was that of typhoid pneumonia. There was a considerable fever, of a sub-acute typhoid character, with very frequent cough, and soon a profuse expectoration of rusty frothy mucus. There was some pain in the side, chiefly the left side, sometimes in the region of the thorax, not very regular nor persistent, but more frequently and more severely in the left hypogastric and hypochondriac region, extending down as far as to the ileum, and even somewhat lower than the crest of it.

In these cases, under a mild antiphlogistic and expectorant course, with epispastics and rubefacients to the chest and seat of the pain, the febrile symptoms were in a few days alleviated, and at the end of a fortnight pretty generally ceased. The cough at the same time became looser and less troublesome, the mucus lost its bloody tinge, and the expectoration for the most part became less after the cessation of the febrile symptoms, and in a week or two gradually ceased. In some of the cases, however, the profuse frothy expectoration continued long and subsided slowly, and the cough was more troublesome for two or three hours in the afternoon. As the season advanced into summer, the character of the fever changed; it was less distinctly marked, but of longer duration; the rusty color of the sputa did not show itself, and in many of the cases the expectoration was scanty. The cough, however, was equally vehement, perhaps more so, and often took the shape of severe paroxysms resembling those of the whooping cough, and in some instances even the hoop occasionally occurred. The febrile symptoms were in several cases so slight as not to attract attention, and indeed, as regarded any essential interference with the patient's comfort, might be said not to exist. There was no particular feeling of uneasiness besides the cough and some constriction of the chest. The appetite was good, the spirits good, and the great functions well performed. In these cases, in fact, the complaint appeared very much like a mild whooping cough. It however attacked persons without distinction of age, and those who had had whooping cough years ago seemed no more exempt from it than others. Most of the persons who had this form used little medication



other than domestic remedies, and the complaint passed off in from two to three months. In two or three instances, under some particular pressure of the symptoms, I was called upon, and by the prescription of an emetic, followed by the syrup of squills or of senega, mixed at night with a gentle anodyne, was enabled to relieve the urgency that required my assistance.

In those cases that had a marked febrile character, while the cough was considerably troublesome, sometimes paroxysmal, like that just described, and sometimes frequent, short and dry, I noticed soon the afternoon exacerbation. It would come on in frequent, prolonged, strangling fits, like those of the whooping cough, but for an hour or two the fits would be almost incessant, after which they would have very much longer intervals. After having witnessed this, I gave a dose of sulphate of morphine with a grain or two of sub-carbonate of soda at the beginning of these paroxysms, with the effect of alleviating them very much for the time, but with little effect upon their recurrence. While going on thus with two or three cases, I had a new one in which the patient, after a few days, informed me that this paroxysm came on at precisely 2 o'clock in the afternoon, and lasted as much as two hours with great violence. Struck with this exact periodicity, I determined, as an experiment, to try the effect of a dose of sulphate of quinine. I accordingly directed one to be taken about 11, A. M., leaving an emetic to be used subsequently if the quinine should be found to occasion any considerable stricture of the chest. This effect, however, was not produced, but the paroxysm was put off from 2 to 5, P. M., and was then rather less violent. The next day I gave one dose of the quinine (half a grain) at 11, A. M., and a second at 3, P. M. The paroxysm did not come on till 9, P. M., and lasted but an hour. The third day I gave three doses, at 11, A. M., 3 and 7, P. M. There was no paroxysm that day. There was considerable cough at irregular intervals, however, as there had been all along. This I combated with squills, senega, and finally copaiba, with the addition of an anodyne at night, generally sulphate of morphine, with a small dose of colchicum, while I continued giving the quinine thrice a-day as last mentioned. This patient amended rapidly, and I began something of the same kind with the others. In one or two cases the quinine produced so much stricture of the chest upon first trying it, that I was forced to lay it by for a while, till by the use of small doses of antimony (tartarized), ipecac. or colchicum, I had produced some relaxation, and then was able to resume it with good effect. In new cases I tried these things awhile, till I thought the system sufficiently prepared, and then had recourse to the quinine whenever there was any distinctly-marked periodical paroxysm, which it always relieved.

One case, however, was peculiar. The fever at first was moderate but continued, considerable thirst, no appetite, skin dry, tongue moist and slightly coated with brownish white fur, cough frequent, short and dry, and though partially quieted by an anodyne at night, so that the patient, after the few first days, spoke of herself as resting well, her



husband said that her sleep was uneasy and accompanied with frequent groaning. After three or four weeks of but little amendment, notwithstanding the trial of a considerable variety of means, the fever took a distinct quotidian type, beginning at 10, A. M., with a well-marked feeling of chilliness, languor and heaviness, lasting about an hour, followed by a hot fit of about two hours' duration, succeeded by a relaxation of the skin, with however but little sensible perspiration. As soon as I had ascertained this change, which was about the time I had observed the good effects of the quinine in the first-marked case recently stated, I began to use the quinine in the intervals of the fever, at first cautiously and in small doses, on account of a considerable degree of delicacy in my patient's constitution, but soon, finding a marked improvement, more freely, in connection with the remedies for the cough already mentioned. In a week or two the paroxysms of fever disappeared, the cough rapidly grew less, and all symptoms of disease vanished, though strength returned but slowly. The patient's hair came off almost entirely during convalescence.

In one instance this complaint attacked a young man while convalescing from a very severe typhus, still weak and not wholly free even then from febrile symptoms. Although some advantage was apparently gained over the severity of the symptoms, yet the complaint by its severity and persistency proved too much for his weakened system to bear, especially as it was just the coming on of winter, and the weather changeable, and often severe. He died at the expiration of five weeks from the attack, apparently from the accumulation of frothy mucus in the bronchial tubes, which he was unable to expectorate.

McCulloch has exhibited a great variety of the forms of intermittent disease, which he attributes to a malarious origin, but none, I think, in which the proper paroxysm of fever was re-placed by a paroxysm of coughing. Yet the instances here related seem to show that such a form of the disease may exist, and be successfully combated by the remedies for an intermittent, instead of those peculiarly adapted to the disease under the mask of which it appears.

*Charlestown, N. H., March, 1848.*

#### UNUSUAL HÆMORRHAGE FROM INGUINAL TUMOR—FALSE DIAGNOSIS—"REPORTED CASES"—SURGICAL EMERGENCIES.

[Communicated for the Boston Medical and Surgical Journal.]

JANUARY 12th, was called, in consultation, to see Miss B., aged about 35, and found her bleached and prostrate from loss of blood; her pulse broken and flickering, almost imperceptible. She had discovered, some nine months previous, a small tumor in the left groin, which had continued steadily to increase. From some extraordinary conformation of mind, she felt an unconquerable reluctance to make it known; and her own mother, residing in the same house, knew nothing of it, till within a few hours of the time I saw her. She had observed, however,



the evident failure of her daughter's health and strength; and a short time before the occurrence of the hæmorrhage, had said to her that she was sure she was afflicted with some disease, or "sore," that she had not disclosed. Miss B. burst into tears, and made known the presence of the tumor. A few hours after this, there was profuse hæmorrhage, amounting, in the estimation of the family, to a gallon. Dr. Hyde was called immediately, but did not arrive till after the bleeding had subsided. He thought it inguinal aneurism, and requested that Dr. Ballou and myself should be called in consultation. From the condition of the patient, and the bed, and floor, we thought the estimated loss of blood was not too large. The tumor was hemispherical, about eight inches in diameter at its base, extending from the outer margin of the ileum, which it slightly overlapped, towards the pubes, beyond the mesial line. From its inferior edge it sent a process which extended some two or three inches down the thigh, imbedding itself in the cellular tissue. Its elevation was from four to five—nearer five inches. The surface was tumulous, and the integuments attenuated and dingy. The tumor was rather firm, slightly elastic; and the skin had yielded in three different places, where the blood had escaped through small openings. No pulsation could be felt (in the tumor), and in the course of the artery below it was very indistinct; perhaps, imperceptible.

The case presented just the aspect to puzzle and confound an unpractised eye. Was it fungus hæmatodes? Its general appearance was such as characterizes that disease. It might be some other form or development of carcinoma. It should be borne in mind, meanwhile, that the history of its origin and progress was out of the question. No one but the patient knew anything of the matter; and her own mind was broken and incoherent, and her own account of it contradictory and unsatisfactory. At one time she answered that on her first discovery of the tumor (which she at no time attributed to accident or injury) it was soft and pulsating; at another, that it was hard; at another, that it was painful; and still at another, that it gave her little uneasiness. From the fact that she designated the point where the femoral artery emerges in the groin as the place where the tumor commenced; from the impression on her mind that it was first soft and pulsating; and from the suddenness and great amount of the hæmorrhage, we inferred that it might be aneurism; or, the arterial tissues might have yielded from the invasion of the malignant tumor.

If it was aneurism, there was no remedy but the ligature of the iliac. If the artery had given way, from the invasion of the tumor, the same necessity still existed. If the artery was still entire, even, we thought it probably involved in the tumor, and that no reliance could be placed on the healthiness of its tissues. Could we safely propose the extirpation of the tumor, without the precaution of tying the iliac? Or, on the supposition that the femoral artery was yet sound, might we hazard the disastrous termination of the case, by attempting the removal of the tumor, in the present exsanguinated and prostrate condition of the patient? We thought not; and decided that time for the replenish-



ing of the vessels and the rallying of the patient should be allowed ; and for the reviewing of our own diagnosis ; with little hope, however, that any curative measures would ever be practicable.

Feb. 16th.—I had learnt that there had been a second bleeding, in the case of Miss B., though I had only seen her once, at the time of my first and only visit. It occurred some seventeen days subsequent to the first, and was estimated to be about two pints. Dr. Hyde regarded her condition such as to forbid the hope of any surgical operation, which, indeed, she had resolutely declined ; and consequently, I was not surprised to learn that she died on the 13th inst. Dr. Hyde writes thus : “ She gradually declined, after the second bleeding, and indeed never rallied after the first. There was much fetor, sloughing, sphacelation, oozing of blood from the tumor, retching and vomiting. In regard to the proposed *post-mortem*, the brother of Miss B. has made very exceptionable *terms*—that Dr. Ballou and yourself shall accept the privilege, as a compensation, in full, for the professional services previously rendered to Miss B.” The favor was declined by Dr. Ballou and myself ; and Dr. Hyde declined the autopsy, I presume, from courtesy to us. Mr. B. took our refusal in dudgeon, and very fortunately for the completion of this report, offered to another, gratuitously, I suppose, a privilege which we had refused to buy.

The sequel is somewhat significant ; though not very complimentary to the diagnostic acumen of Miss B.’s medical attendants. “ Truth lies hid in the bottom of a well.” The femoral artery was found ensconced, *safe and sound*, beneath the fascia of the thigh ! There were indications that nature had attempted something for the patient’s relief. Partial separation of the tumor and healthy granulation had occurred at its outer edge. The minutes of the case, such as they are, to the last date (Feb. 16th), had been made before the inglorious denouement had burst upon me : otherwise, you would probably have been unadvised of the matter. And why so ? If every fact in a reported case, which may convict the writer of error in opinion or practice, is to be omitted, little benefit will accrue to the profession from such reports. Teaching by negative example is not unfrequently an effective mode of instruction. Let me recapitulate. No knowledge of the origin or progress of the tumor was to be gained, except from the patient. Her own mind was broken, her account of it contradictory. Yet she once or twice intimated that it was first “ soft and beating,” or “ throbbing.” This, in connection with its supposed point of origin, together with the suddenness and great amount of the hæmorrhage, induced us to think it might be aneurism. We had little doubt that there was lesion of the artery, and thought the tumor *might be* carcinomatous. There might be *coincidence* of aneurism and carcinoma. The result has swept all these speculations to the “ tomb of the Capulets,” and there let them rest. It is at least probable that the extirpation of the tumor, at any time subsequent to the first bleeding, and perhaps for some time previous, would have been, not merely useless, but disastrous.

Wherein, then, consists the importance or interest of this case to your



readers? Every rare and urgent emergency in medical or surgical experience, if clearly and *truly* stated, whatever be the character of the practice, actual or proposed, may be suggestive of thoughts, and conclusions, and purposes, difficult of attainment, and of great value to the young practitioner. There may be among the readers of the Journal some isolated surgeon, at an impracticable distance from efficient counsel, who may encounter an inguinal tumor that shall turn out to be a *veritable* aneurism. To such I would repeat the direction contained in a valuable culinary treatise, for the cooking of a turbot. "First, catch a *turbot*." In the next place, when quite sure of the turbot, forbear to disclose, *prematurely*, to the patient, the difficulty and danger of the operation. A consciousness of defective preparation on that specific point; a fitting sense of the indispensable importance of an accurate knowledge of all the anatomical relations of the region occupied by the iliac, will interfere with the maintenance of the quiet confidence of tone and bearing, so necessary to inspire trust and submission in the patient. Time should first be taken for a quiet and careful review of every point involved, that our own clearer and more definite knowledge of what we are to encounter may inspire us with the steadiness and confidence necessary to gain the patient. There are probably many surgeons, with all the general knowledge, and mental efficiency, and manual dexterity, necessary for such an occasion, who would find themselves unprepared to attempt the ligature of the iliac artery, simply because it had never occurred to them during their pupilage, nor during the subsequent years of professional life, that they should *themselves* ever find such occasion. Why should not every surgical student; every young surgeon, especially, such as intend to settle in the country, take for granted that every occasion which calls for a known surgical operation, will happen to himself? It is only thus he can effectually study the anatomical relations of the different regions, and acquire that abiding readiness for every emergency which characterizes a good surgeon.

St. Albans, Vt., Feb. 16, 1848.

J. L. CHANDLER.

## A NEW METHOD FOR RAPIDLY UNITING WOUNDS BY FIRST INTENTION.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated proportions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schonbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether.\* It is known in the community by a name

\* It has been shown to be soluble in chloroform.



acquired from its explosive quality—*gun* cotton. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Chas. T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in Dec. 1846, or Jan. 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle, according to his directions. While engaged in employing it in this way, I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it, and I endeavored immediately to rub it off. It had dried, however, instantaneously, and remained on. The smarting very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

2d. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3d. The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th. It does away with the necessity for sutures in incised wounds of almost any extent.

5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

It is not incised wounds alone which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this preparation be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be



brought together without great difficulty, it is better to apply the solution in immediate contact with the skin—as follows. The bleeding should be arrested, and the skin thoroughly dried. If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will of itself have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision a half an inch or more. If, however, the wound gapes, an assistant is required to bring the edges in contact and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution to the lower parts as fast as it becomes dry above.\* In this case something more than the film which is left adherent to the skin will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be still maintained by adapting a piece of gold-beater's skin or oiled silk to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a strip of cloth, or even a piece of tissue paper which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is much separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dry.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, however, adhesion by first intention be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold-beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hare-lip or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures to the mucous surface is not obviated, as the solution will not adhere to the moist epithelium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the sutures arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy do not doubt that it would succeed

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\* Having made a dog insensible with ether, I made an incision down the back where the hair had been removed by an old scald six or eight inches in length, and dressed it alone with the preparation, without a suture. The union was perfect the whole extent in about thirty hours, even in the old cicatrix.



perfectly, as it fulfils so entirely many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a sub-cutaneous operation, seals them hermetically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold-beater's skin be cut of sufficient length, then let the two ends be covered thickly, an inch or more, with the solution. Apply this strip, like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds—it must be left to the surgeon to make special investigation, as particular cases may demand.

To anticipate an obvious objection; the momentary pain arising from the direct application of the ether to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus is brief, and probably more than counteracted by the refrigerating influence of the evaporating ether. There are undoubtedly cases when such a stimulus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gun cotton unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage. Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside by the surgeon, who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculable lesions. In dissection, hang-nails, sores, or abrasions of any kind, will be thus fully protected.

I am informed that a series of experiments are being now made at the Mass. General Hospital, by the surgeons in attendance, who will be soon able to test its value and range of application.

*Boston, March 16, 1848.*

S. L. BIGELOW.



## CONVULSIONS FOLLOWING THE USE OF CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

BELOW is a case reported and sent to me by my father, in which he made use of chloroform to superinduce anæsthesia for an obstetric patient. If it is of any use in your Journal, it is at your disposal.

Yours, &amp;c. B. L. B.

I was called, in an obstetric case, Feb. 3d, 1848, to a young woman 17 years old. She was small, but thick and fleshy—her abdomen was very large, and I expected a severe case. Her pains hard, the child made but little progress. I had recourse to the chloroform to fumigate and inhale; but could not persuade her to use it to any advantage. I then gave her twenty-five drops of the chloroform to take into her stomach. It mitigated her pains, and parturition went on very kindly. The child was born with but little pain, and no bad symptoms followed. I left her the fore part of the evening, very comfortable. About 10 o'clock I was called to visit her in convulsion fits. I immediately prepared an antiphlogistic solution, and applied it damp and cold to the head. I ordered her injections, although her bowels were in order. I gave her sal. succinatum and a carminative tea, with valerian. Her spasms continued without much abatement for about twenty hours, although she had been bled twice in the time. They gradually wore off in about the same time. The lochia kept up in its usual course during that time. Her milk came in about five or six days. In about ten days she had a good flow of milk, and was able to work. In her spasms she wounded her tongue badly.

Being 80 years old, and having followed the obstetric branch nearly sixty years, I have no recollection of ever having a case like this before. I have been called to other physicians' patients like this, but never knew one to live. Could the chloroform have been the cause of this?

*Northborough, March 1st, 1848.*

STEPHEN BALL.

## DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 93.]

**GASTRITIS.**—Gastritis is an affection, formidable in name, and, perhaps, sometimes (owing chiefly to the imprudence or intractableness of the patient), difficult of cure, but easy of diagnosis and simple of treatment. It requires far less of description and discussion than is usually given to it, but this, not on account of its being a trivial, but merely a readily apprehended malady.

Gastritis is seldom found unaccompanied with more or less of œsophagitis and duodenitis. The inflammatory affection may extend to all the coats of the viscus—the mucous, muscular and peritoneal; or be confined chiefly, or altogether, to the first; and the last is the form or



degree of gastritis that we are, in nineteen out of twenty cases, called on to treat. Again, the inflammatory affection may be of a phlegmonoid character, and occur in a comparatively sound constitution, induced by a short course of intemperance in food and drink; or it is manifested in a subject of the arthritic diathesis, after a *long* course of free living, and repeated previous lesser stomachic derangements; and in its type presents erysipelatoid characters. This is a more serious complication.

It was at one time the opinion, that suppuration or ulceration of the gastric mucous membrane was of rare occurrence, and it was doubted whether, when such did happen, the disorganization of the membrane could be repaired. Beaumont's observations have thrown a great light on this subject. He noticed in St. Martin's case, after a few days' free indulgence by that person in spirituous drink, phenomena of a sufficiently alarming character, such as "erythema and aphthous patches on the mucous surface;" "secretions vitiated; extracted about half an ounce of gastric juice; not clear and pure as in health; quite viscid." On the following day, Dr. Beaumont "extracted one ounce of gastric fluids, consisting of unusual proportions of vitiated mucus, saliva and some bile, tinged slightly with blood, appearing to exude from the surface of the erythema and aphthous patches, which were tenderer and more irritable than usual." On other occasions, and in consequence of too stimulant food or drink, he noticed the mucous membrane of St. Martin's stomach to present deep red pimples, at first sharp-pointed and red, and which frequently became filled with pus. Sometimes the membrane was red, dry, and irritable-looking. At other times the mucous membrane was abraded and rolled up, like shreds of epidermis on a blistered surface. Sometimes the secretions seemed entirely suspended; at other times, they were so acrid as to smart and excoriate the edges of the aperture in the epigastrium. How strikingly all this illustrates the most serious effects of too stimulant food! How it shows that the gastric mucous membrane is a far more delicate organ than we are accustomed to think, while, at the same time, we see what apparently perilous, and seemingly irreparable, lesions the *vis naturæ medicatrix* is able to remove!

Though there is little risk of any practitioner of ordinary discrimination finding the smallest difficulty in drawing the diagnosis of gastritis and gastralgia, yet it may just be observed, that pressure on the epigastrium causes pain in the former, and usually not in the latter; that there are sometimes or commonly heat and tumefaction at the pit of the stomach, in gastritis, not in gastralgia; that nausea and vomiting are much more frequent in the first than in the second; that in gastritis the tongue is red, and there is thirst; in gastralgia the tongue is usually clean, and thirst is rare; that there are, more or less, fever and quickness and fullness of pulse in gastritis, not in gastralgia; that the former has usually for its causes, stimulant ingesta, toxicological, dietetic or medicinal; the latter is commonly due to such causes as the nervous, hysterical or hypochondriac temperament or diathesis, anæmia, moral anxiety, chagrin, &c. Finally, the one is exasperated, the other often benefited or cured by tonics or stimulants.



It is not necessary to refer to Broussais's well-known views on the nature, complications and treatment of gastritis. It is usual with some persons, both here and in France, to decry the doctrines and practice of this eminent man ; but, making allowance for some *slight* exaggeration as to the frequency and severity of the consequences of gastritis on remote organs, as the cerebrum, &c. ; and for his absolute, or almost absolute, interdiction of purgatives, as sure to exasperate the existing irritation (the direct contrary effect is often the result) ; there is little or nothing to be objected to Broussais. He held, and held justly, that hepatic derangement (and he might have added pancreatic) often is involved in gastro-duodenal affections, complicating them, and adding to the danger of the patient, and the difficulty of cure ; and his views as to the extreme and long-continued severity required in diet, and the wonderful tendency of the disease to relapse, even under seemingly the slightest and most trivial dietetic incautiousness, recommend themselves, for their fidelity, to every practitioner who has had much experience of chronic dyspeptic disease.

Gastritis may be divided into the acute and the chronic, both of which must be treated antiphlogistically, but the former with more energy than the latter. There are other minor differences in the respective modes of treatment, which shall be noticed in due course.

*Acute Gastritis.*—We have already remarked, that the most frequent cause of this, as indeed of the chronic variety also, is too stimulant dietetic ingesta. The connection of the cause now named with the effect gastritis, is too obvious to require detailed explanation. *Ubi stimulus, ibi affluxus.* Even food in no more than due quantity, and of due quality, occasions the presence of an unusual, though normal, quantity of blood, in the arteries of the gastric mucous membrane, to supply, no doubt, those various secretions, for the elimination of which food or drink is the physiological indication and stimulant. If the food be moderate in mass and in stimulant properties, the normal vascular turgescence caused by its presence subsides in due time—namely, on the completion of chymification, and the mucous membrane returns to its ordinary degree of arterial fulness. But if the food have been inordinate in quantity, or over stimulant in quality, the arterial distension of the gastric mucous membrane is unduly protracted. Permanent dilatation and congestion of the vessels gradually take place, if the cause is frequently repeated ; the phenomena of an inflammation, more or less active, ensue, in other words, gastritis.

In young and robust men, whose dietetic excesses have been at once sudden and great, the inflammation is usually rapid and acute ; it is characterized by epigastric pain without pressure, but which, pressure greatly increases ; a feeling of heat, fulness and obstruction at the pit of the stomach and in the right hypochondrium ; dryness, heat and redness of the tongue, palate and œsophagus ; when cold fluids are swallowed, an obvious and grateful consciousness of these passing over a heated surface, both in the throat and stomach ; a pulse somewhat accelerated and full ; often dryness and heat of the palms of the hands and soles of the



feet ; sometimes headache ; sometimes nausea and want of appetite, though, on the other hand, as Beaumont remarked in St. Martin's case, the appetite may be "craving," even while the mucous membrane of the stomach is in a state of acute inflammation and serious disorganization !

If the patient is young, and of a full habit, and if there are great tenderness and fulness at the epigastrium, with much redness of tongue, much thirst, and a full pulse, leeches must be applied to the pit of the stomach, partly as a local but not less as a general measure. The truth is, that there is reason for doubt, whether, in case of inflammation of the stomach, bowels, or brain, leeches applied on the front of the abdomen, or on the temples, exert any effect at all considerable, as *local* means. Still there is no objection, and some small advantage, in applying them in these situations, since, while we are sure of the general effect, we have also some chance, at least, of obtaining a local one also. In the circumstances above detailed, not less than a dozen leeches need be applied. As a substitute for these, and as less troublesome and more prompt, cupping may be practised, to the extent of from six to sixteen ounces ; the expediency of repeating it, and that to what extent, and how soon, will depend on the effect of the first depletion. After the leeching or cupping, a large and warm cataplasm should be applied. Of course all stimulant articles of food or drink will be suspended. Care must also be taken that no medicine should be given calculated to augment the irritation of the mucous membrane. If castor or olive oil are not rejected, nothing is more eligible, or more adapted to lessen, without irritation, the tension and fulness of the mucous membrane of the stomach, duodenum, and small intestines. Injections may be added, to encourage the action of the oil ; and after the stomach and bowels are thus disembarassed, they should be left, as regards purgatives, in entire repose, for from twelve to twenty-four hours. Many refrigerant drinks may be given—such as the one recommended by Sydenham in inflammations, composed of orange-flower water, nitrate of potass, and syrup ; or the nitrate of potass may be dissolved in barley or rice water. The addition of the ipecacuan wine will be found useful in reducing the pulse, producing diaphoresis, (the establishment of which will greatly relieve the stomachic pain, &c.), and also in promoting the restoration of the secretion of the gastric mucous membrane. If the pain or uneasiness at the epigastrium is great, and the thirst and heat considerable, iced water may be allowed, the feet and body being kept warm. The food, meantime, must consist of such articles as currant jelly, blancmange, calves'-foot jelly, or very light chicken soup, or decoctions of barley, rice, &c.

Subsequently, if the tenderness at the epigastrium remains, after the moderation or disappearance of the other symptoms, and threatens to become chronic, occasional mustard epithems, a warm plaster, or perhaps, as more effectual, and even, in the end, less troublesome, the fly blister may be resorted to.

In chronic gastritis, bloodletting is seldom or never required : a greater variety of internal measures may be adopted, and is expedient, than in the acute form, in which gentle aperients, powerful refrigerants, and blood-



letting, with abstinence or very meagre diet, are the chief means. In chronic gastritis, alteratives are admissible, of which the blue pill, with extract of rhubarb and ipecacuan (the latter in as large proportion as possible), is decidedly the most eligible.

Draughts of the *infusum lupuli*, with a drachm or two of the liquor *ammoniæ acetatis*, are useful, repeated frequently; and a few drops of ipecacuan wine may be advantageously added. If the subject of chronic gastritis is not of arthritic diathesis, and not beyond middle life, an acidulous diet, such as apples, pears, grapes, currants, strawberries, and acidulous drink, such as cider, perry, lemonade, claret, may be allowed; and if there are means and opportunity, the waters of Pymont, Carlsbad, Spa, Seltzer, Wiesbaden, or Stonefield, in Lincolnshire. Some French physicians allow, also, in this variety, chalybeate waters, in decoction of rice or barley—a permission which we think injudicious. If the patient is arthritic, and past middle life, his bowels must be regulated with blue pill, extract of rhubarb, and ipecacuan. He may take infusion of hop, with carbonate of soda, and colchicum wine. If opportunity offers, he may use the waters of Vichy or Plombières, and, in general, avoid acids. He must dress warmly, eat moderately, take regular exercise, and, if possible, seek travel, and change of air.—*London Lancet*.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MARCH 22, 1848.

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*Ventilation of Passenger Vessels.*—The discovery seems recently to have been made at various points, both in the old and new world, that atmospheric air was actually made to breathe. Heretofore, the closer an apartment could be finished, the better; and the idea that it was necessary to ventilate a school-room, a church, public halls, or ships, has hardly been entertained till very lately. All at once, assembly rooms are, in many places, constructed with reference to a circulation of fresh air; hotels must have breathing holes; school-houses, in which hundreds of children are wedged together, have municipal assistance in way of being oxygenated—and, finally, halls of legislation are found to be unhealthy places of confinement, unless they have pure currents of unvitiated air rushing through them perpetually. But the most necessary reform of all, in the category of places that need to be purged of their foulness by free ventilation, has been strangely neglected, so far as legislation could effect a change. Individual enterprise, mechanical ingenuity, and, here and there, transient efforts prompted by the law of self-preservation, or the instinctive desire to keep a cargo of tropical fruit from rotting on a voyage, is about the whole extent of the care bestowed upon that class of habitations which are the homes of seafaring men. In view of the great and criminal loss of human life in immigrant vessels, since the importation of foreigners has become an extraordinary branch of mercantile business, the Hon. Joseph Grinnell, a member of Congress from Massachusetts, has reported a bill to



provide for the ventilation of passenger vessels and for other purposes. This bill exhibits a comprehensive knowledge of the evils in question, and of the importance of legal provisions for their removal; and, emanating as it does from the highest authority, will be the means, it is hoped, of securing the lives, health and daily comfort of those who traverse the ocean. We cannot particularize the provisions of the bill, because it would virtually be transferring the whole document to our pages. Excellent and unexceptionable apparatus has been devised to accomplish this desideratum on ship-board, which entitles Mr. Frederick Emerson, of Boston, the inventor, to the gratitude of coming generations. Whether Mr. Grinnell contemplates, in the act, the introduction of that gentleman's tubes and valves, is not known. He could hardly confer on the merchant service a higher boon than to compel navigators to carry with them Mr. Emerson's invention, to be adjusted whenever more than thirty persons were to commence a voyage in the same vessel, or when cargoes of hides, wool, cotton, fruit, and emigrant passengers, were to cross the Atlantic. As a matter of course, ship owners will remonstrate against what they may consider an invasion of their inalienable rights; but let no such considerations divert Mr. Grinnell from the noble and humane purpose in which he is engaged. If life is worth preserving at all, every exertion to better the condition of men whose health and lives are so often placed in jeopardy under circumstances which are beyond individual control, is not only humane, but god-like, and should commend itself to the favorable regards of Congress.

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*Causes and Treatment of Abortion and Sterility.*—This is a book that is calculated to create some sensation, from the circumstance that it treats of subjects that medical men do not always understand, although they are expected to be wise in everything appertaining to their profession. The work is strictly an inquiry into the physiological and morbid conditions of the uterus, with reference, especially, to leucorrhœal affections and diseases of menstruation. James Whitehead, Surgeon of the Manchester and Salford Lying-in Hospital, is the author. Messrs. Lea & Blanchard, Philadelphia, are the publishers. The volume is a good-sized one, 368 pages, arranged into ten chapters, which embrace a large field of curious and instructive information. The chapters treat of menstruation, and accompanying phenomena; conditions which principally influence it, at its commencement; diseases peculiar to that state; last menstrual crisis; signs of pregnancy; statistics of abortion; causes of abortion; and sterility. From this scheme, it will be seen that the author has laid out an ample amount of matter for a long discussion, and upon topics which naturally engender much philosophical and physiological interest. A great amount of industry appears to have been exercised in collecting the facts upon which his positions are founded. For example, Mr. Whitehead observes, at page 229—"I questioned 2000 women on their admission as patients of the Manchester Lying-in Hospital," &c. This increases much the value of the statistical researches brought to bear, in a variety of ways, upon the various topics presented to the reader.

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*Attenuated Medicines.*—B. F. Joslin, M.D., of New York, delivered an address before the New York Homœopathic Society, on the 9th of March, 1847, on the *evidences of the power of small doses and attenuated medi-*



cines, including a theory of potentization, which seems to have wandered as far north, in manuscript, as Nashua, N. H., where it was recently published. Dr. Joslin is singularly gifted with a vein of wit—for he begins very appropriately with a fable of an ass and a steamboat, which appears so long after the death of the most distinguished of moralists, who taught lessons of wisdom in the language and actions of animals, that it is presumed Æsop had nothing to do with the fable—steamboats, too, being of modern invention. It is to the genius of homœopathy, therefore, the world is indebted for this conversation between an ass and a boat, which seems to have exceedingly edified Dr. Joslin, the only auditor on the memorable occasion.

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“*The Living Age.*”—On a former occasion, the notice of medical gentlemen was directed to the literary claims of a weekly periodical published in Boston, called “*The Living Age.*” In again reverting to its merits, we feel that it is no departure from a proper position in saying to our professional brethren, that, as we cannot always be studying the details of symptoms, or the elaborations of theorists, nor are we always to be confined to the severe investigations of medical research, this digest of all that is worth reading in the circulating literature of Europe, will be found a pleasant and profitable resort. Not a little medical matter is embraced in the work. Last week the whole history of the discovery of etherization was introduced. For reference, therefore, it will hereafter be valuable to physicians. In recommending it as an agreeable, useful Journal of the current literature of the times, we have no other motive than wishing to direct the attention of our readers to a pleasant and profitable source of intellectual enjoyment.

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*Prof. Draper's Introductory Lecture—The Human Brain.*—Among other interesting recently-published matters which have been lying on our table, apparently neglected, but in reality waiting each its turn, is the last annual introductory lecture of Prof. Draper, of the University of New York, of whose similar productions, in former years, we have had occasion to speak favorably. The present is not, perhaps, in any sense, inferior to the others. The following quotation is all for which we can find room, and may be considered a fair specimen of the exceedingly happy manner in which the author imparts interest to every subject upon which his pen is engaged.

“If you ask some men to show you the noblest object that can occupy our attention, they point to the heavens; and, surely, when we consider the number, the distance, the magnificence of those flaming suns, they may well be regarded as the types of infinitude and eternity. But say, you who are anatomists and lovers of philosophy, can that gorgeous spectacle in reality compare with the brain of man? That is the masterpiece of God. Those suns and their attendant planets, execute their intricate motions in passive obedience to one simple law—the law of gravitation. Magnificent as it is, it is all mechanical. Can such things compare with the brain, which, in the compass of a single span, contains the springs of whatever we do, and receives the impressions of whatever we experience? In this laboratory of wonders have originated all the great crimes which deform our species, and all the illustrious acts which are our glory. If you are



astonished that the sun, millions of miles off, can control the movements of a circling planet, is it not a matter of greater amazement, that this small organ shapes events that are to happen a thousand years after it has ceased to exist; for, are not religion, law, science, civilization, the offspring of the past? The past! has it not surrendered its secrets to our keeping, not only through the means of historical recollections, but, overleaping the date of our own creation, have we not penetrated into those hidden times which witnessed the first dawn of organization on this earth? In the unfathomable abysses of the universe, where star after star in succession is lost, we find a resting place, and comprehend the distances, the magnitudes, the times, of those revolving orbs. The cerebral matter receives in its plastic substance the minute representation of that majestic universe. Nor is the eye alone its minister, but also every organ of sense. The sounds of music that float in the air, depict their shadowy forms upon it; and, after the lapse of years, suddenly present themselves, often on the slightest cause, and the voice embodies them again. The brain is also the storehouse of all our recollections. In its windings there are the voices of those we have loved. The phantoms of the dead sit in its mysterious vaults. They wait until memory orders them to come forth to revisit the scenes through which they have passed. How often in prosperity do they extend a warning; in adversity they are our guardian angels; they attend us in the busy scenes of life, and are our companions in solitude."

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*Delegates to the National Medical Association from Massachusetts.*—The Counsellors of the Massachusetts Medical Society, at their meeting in February, 1848, voted to send 50 delegates to the meeting of the American Medical Association, to be held in Baltimore in May, 1848. They made choice of the following gentlemen to compose that list:—Drs. A. L. Peirson, Salem; George Choate, do.; Joseph Reynolds, Gloucester; Asahel H. Wildes, Ipswich; Jeremiah Spofford, Bradford; Rufus Longley, Haverhill; John Green, Worcester; Edward Flint, Leicester; C. W. Wilder, Leominster; Stephen Batchelder, Royalston; S. C. Hartwell, Southbridge; J. W. D. Osgood, Templeton; Joseph Sargent, Worcester; Royal Fowler, Stockbridge; Robert Worthington, Lenox; Benj. Barrett, Northampton; S. W. Williams, Deerfield; Paul Spooner, New Bedford; Lyman Bartlett, do.; P. L. Nichols, Kingston; Aaron Cornish, Falmouth; E. W. Carpenter, Chatham; Wm. Bridgman, Jas. M. Smith, Springfield; J. C. Dalton, Elisha Huntington, Lowell; Nehemiah Cutter, Pepperell; Josiah Bartlett, Concord; J. Wellington, W. Cambridge; Horatio Adams, Waltham; Simon Whitney, Framingham; A. B. Adams, Bedford; Joshua Green, Groton; Hiram Hosmer, Watertown; J. O. Green, Lowell; A. R. Thompson, Charlestown; Jeremy Stimpson, Dedham; Eben. Alden, Randolph; Henry Bartlett, Roxbury; Edward Jarvis, Dorchester; Elisha Fearing, Nantucket; Z. B. Adams, John Jeffries, Wm. J. Walker, Winslow Lewis, J. V. C. Smith, D. H. Storer, Alex. Thomas, Ezra Palmer, M. S. Perry, Martin Gay, H. J. Clark, H. I. Bowditch, Henry Dyer and Henry Bryant, Boston.

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*The Ethereal Solution of Prepared Cotton.*—The following paragraph is extracted from a communication by J. P. Maynard, drawn up for the Boston Society for Medical Improvement:—



"The grounds on which I rest my claim of the the original application of this agent to surgery, are the following—1st. That I used it in the first case upon my own person—then upon the body of another—again upon a wound on my own hand, and that these cases were the first instances in which it had been surgically applied. 2d. I afterwards communicated the fact of my having surgically used it to my friend and fellow student, Sam'l L. Bigelow, upon whose veracity and memory I must depend for corroboration of the facts, if needed. 3d. Public announcement was made in the journals of the day that it had been applied most successfully in a surgical operation performed by Dr. S. S. Whitney, of Dedham, upon the face of a female for the cure of a horrible deformity caused by a burn in childhood—to those newspapers I refer for proof of this assertion. 4th. I have used and superintended its use for more than a year in over a hundred cases of surgery. For proof of this I refer to Dr. S. S. Whitney, Dr. Fisher of Boston, Dr. Mason, and the patients themselves who have had ocular demonstration of the truth of my remark. Notwithstanding all this, it will not be inconsistent with human nature should many *post-facto* claims be set up to the merits (if any) of the first application of a *solution of cotton to surgical uses*. If, however, any person can establish a better right, I will waive my claim."

*A New Journal.*—A new French Journal has just been started, with the following curious title—Journal of Theological Medicine, and of Supernatural Phenomena. It is to go upon the principles of a sound, true and orthodox philosophy. It has its origin from a society composed of physicians and theologians. To ourselves theological medicine is a new branch of physic, and, in our apprehension, it may embrace a variety of topics rather curious than useful.—*London Lancet*.

*New Books Received.*—With all our efforts to keep up with the publication of new books, pamphlets, &c., purely medical in their character, the mound increases; but gentlemen must not be discouraged, for it is our intention to acknowledge, at least, all favors of the kind. Lying before us are the following:—No. 1 of the Student's Library on the Principles and Practice of Midwifery, by D. H. Tucker, M.D., from the press of Lind-ay & Blakiston, Philadelphia.—Dr. John Wm. Draper's Lecture on Phosphorus, in the University of New York—interesting and instructive as usual.—Prof. Samuel H. Dickson's lecture in the same institution, introductory to his course on the Theory and Practice of Medicine.—Annual Report of the Perkins Institution for the Blind, in Boston.—Braithwaite's Retrospect, a new and admirable number, for sale by Wiley & Co.—Dr. Buchanan's Replies to Drs. Rice and Mussey, at Cincinnati.—Prof. Hard's lecture on Atresia Vaginæ, at the Indiana Medical College.—The American Journal of the Arts and Sciences.—A host of pamphlets in addition to the above are among the accumulations of the past few weeks. If this Journal were doubled in pages, room would hardly be found, at times, for presenting the claims of the various emanations of the medical and scientific press. A mere mention of their titles must, therefore, in many cases, suffice.

TO CORRESPONDENTS.—Dr. Wallace's paper on the Nervous System of the Eye, and a notice of Dr. Pereira's Lectures on Chemistry, have been received.

DIED,—In Danbury, Conn., of malignant erysipelas, Dr. Munson A. Shephard—a member of the class in the Medical Institution of Yale College.—At Trumbull, Conn., of consumption, Nathan Bulkley, aged 26—a member of the class in the Medical Institution of Yale College.—At Washington, Dr. Thomas P. Jones, formerly Superintendent of the Patent Office, and editor of the Franklin Journal, 75.

*Report of Deaths in Boston*—for the week ending March 18th, 45.—Males, 33—females, 12.—Stillborn, 4. Of consumption, 12—typhus fever, 7—lung fever, 4—scarlet fever, 2—smallpox, 2—apoplexy, 1—dropsy on the brain, 2—croup, 2—convulsions, 1—inflammation of the bowels, 1—disease of the heart, 1—disease of the bowels, 1—disease of the spine, 1—tumor, 1—bronchitis, 1—hæmorrhage, 1—influenza, 1—dysentery, 1—hooping cough, 1—infantile, 1—teething, 1. Under 5 years, 16—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 2.



**Medical Miscellany.**—The black vomit has been prevailing extensively about the Medi mission, in Africa, for some months.—Dr. Lilliewalch, of Stockholm, Sweden, having caused searches to be made in the marshes of Scania, has discovered the skeletons of men and animals in a remarkable state of preservation. Near them he also found arms, instruments for sport and fishing, and utensils of different descriptions, all of which are in stone, showing that the use of metals was unknown when they were made. They belong to those primitive people of whom traces remain in the traditions of the North, but whose race is now extinct. Dr. Lilliewalch has placed his discoveries at the disposition of the Minister of Public Instruction in France.—A large body of students attended the late course of lectures in the Medical School of Georgia. There were 111 belonging to that State, 18 from South Carolina, 16 from Alabama, 2 from Mississippi, 1 from Tennessee, &c., being 150 in all.—In Stoughton, Mass., recently died, Betsey Williams, one of the Punkapog tribe of Indians, of pure blood, aged 100 years. Her sister, Mary Burr, still lives, being “the last of the Mohegans” of pure blood.—Influenza, in an epidemic form, has visited the Samoan Islands.—Dr. Maxwell, of the United States Navy, has hired 100 acres of land for 50 years, at Hilo, in the Sandwich islands, in company with an American gentleman, for the purpose of raising coffee.—Messrs. Fowler & Wells, 131 Nassau street, New York, have the most extensive collection of works for sale on Phrenology, in America, it is presumed.—Twenty-five dollars a week, with board, have been offered at New York for nurses to attend patients with ship fever.—There is a man in Catskill, N. Y., who has been tapped 108 times for dropsy, had 324 gallons (2,592 pounds) of water taken from him, and yet walks about town.—The London Times asserts that a dragoon of the Royal Irish, named Biddle, devoured for dinner, between the hour of two and twilight, a leg of mutton, weighing fourteen pounds, half a bushel of potatoes, half a bushels of turnips, and two loaves of bread, washing it down with a gallon of ale!

#### AYER'S CHERRY PECTORAL.

AN Anodyne Expectorant, prepared on the new plan of combining the isolated, active principles of medicine, in their purity; a plan which is found to give an energy and certainty of remedial effect far surpassing any other in use. The substances of which it is composed are those known to be most relied on for the relief of pulmonary disease, viz.: Morphine, Sanguinarine, Emetine, Tart. Ox. Antim. et Pot., Hydrocyanic Acid, Saccharum, Spt. and Aqua; combined so as perfectly to resist the action of time; and affording to physicians a compound of *free, permanent* hydrocyanic acid—a desideratum in medicine not hitherto obtained. Its formula has been published in this and other Medical Journals, and also submitted to some of the highest medical authorities in this country, among which are the Berkshire College of Medicine, Pittsfield, Mass.; Willoughby Medical College, Columbus, Ohio; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton, Vt.; Geneva Medical College, Geneva, N. Y., and also in manuscript to a large part of the medical faculty of the United States.

The attention of practitioners is respectfully solicited to this preparation, and it is confidently believed it will commend itself to their favor and confidence, having been found an invaluable remedy in treating the most obstinate as well as milder forms of pulmonary disease.

Prepared by JAMES C. AYER, *Lowell, Mass.* Sold by Druggists and Apothecaries generally in the Northern, Middle and Southern States, the British American Provinces, and in some of the Independent Republics of South America.

March 22—ep4t&eoptf

#### CHLOROFORM! CAUTION!!

PHYSICIANS and Druggists are respectfully cautioned against purchasing Chloroform purporting to be manufactured by us, unless put up in bottles bearing our label and seal. We are induced to give this caution in consequence of the great quantity of impure chloroform in the market, the use of which is often attended with evil results. All the chloroform we make is chemically tested before being sold, and is warranted to be perfectly pure.

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Prof. Simpson's Pamphlet on the use of Chloroform in Midwifery Practice, with an Appendix, containing remarks by Drs. Warren, Channing, Jackson and others, can be obtained as above. This Pamphlet contains more information on the use and properties of Chloroform than any work yet published.

March 22—tf

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#### BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE CO., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, *Tremont street.*

A. L. STIMSON, *Secretary.*

THOMAS TARBELL, *President.*

DR. G. H. LYMAN, *Consulting Physician.*

\$29—tf

#### DR. JARVIS'S ADJUSTER.

THIS newly-invented instrument for reducing fractures and dislocations—Also, single and double pad Glass Trusses, Reinhardt's manufacture, and Dr. Cutter's Abdominal Supporters, for sale by N. HUNT, Surgical Instrument manufacturer, 128 Washington street.

Sept. 30.—tf

#### PURIFIED COD LIVER OIL.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII. WEDNESDAY, MARCH 29, 1848.

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No. 9.

## CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM OF THE EYE.—NO. 1.

BY W. CLAY WALLACE, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

THE nervous system of the eye may be compared to an electro-magnetic telegraph. If the current along the wires of the telegraph be unproportionately powerful, the pen will be too firmly pressed on the register, and the operation of the instrument will be impeded. If it be not powerful enough, the pen will not be sufficiently attracted to make the requisite impression. If there be any derangement of the machinery at either end of the conductor, or if the chain of communication be interrupted, the instrument will lose its value.

The telegraph would likewise be out of order if the pen, or the material on which impressions are made, were not at proper distances from each other; and suitable provisions adapted, by which they can be adjusted, by springs or some other method, to keep every part in its proper place.

The eye may be affected in a manner somewhat similar to the telegraph. When there is undue or insufficient supply of the nervous current; when there is derangement of the retina, or the brain; or when the channel of communication is interrupted; the functions of the organ cannot be properly performed.

The functions of the eye would be incomplete without the means of regulating the telegraphic communications. As the objects whose existence it announces are not all at one distance, the image of an object nearer than one which is seen distinctly would not reach the retina, and the image of a body beyond one which is distinctly represented would pass behind it, if the organ were not furnished with means to vary the refracting media, according to the distance at which the visible object is placed. As the image forming objects cannot always be moved in order to be placed before the retina, the eye is necessarily provided with instruments of motion, by which it can be placed in an advantageous direction.

To preserve the organ in existence, it is supplied with nerves of nutrition; and to protect it from harm, it is furnished with nerves of



feeling. We shall examine some of these nerves in a state of health, before proceeding to the causes by which their functions are disturbed.

*Retina.*—The easiest method of acquiring a knowledge of the structure of the retina, is to examine it in the eye of a fish which has been macerated for a day or two in alcohol. When the hemisphere containing the cornea is cut away, and the lens and vitreous humor removed, we observe in the cup-like cavity of the hemisphere attached to the brain—

1. A very delicate membrane, the analogue of what is called the vascular membrane in the mammalia ; but I cannot say that its vessels have been demonstrated, and the membrane itself is only sometimes seen.

2. Without any artificial separation, we see a number of fibres radiating from the entrance of the optic nerve and distributed over the entire cavity, with the exception of the lower portion, where there is a fissure to permit attachments of some of the membranes of the vitreous humor to the choroid.

3. Beneath the fibres there is a layer of granules, which may be also removed to exhibit another granular layer or analogue of the coat of Jacob. In proportion to what exists in the retina of the mammalia, the quantity of nervous matter is very large, and there is no communication by vessels with the adjoining coats except at the entrance of the optic nerve. The fibres, along which some minute vessels might run from the entrance of the optic nerve, are only applied to the granular layer in which there is no appearance of any vessel. As the vascular membrane is so delicate that it can scarcely be demonstrated, and the vessels which seem in some places to mix with the fibres are insignificant, it becomes a question how such a mass of medullary matter is nourished. The nutrition of the retina can be accounted for in no other way than by endosmosis from the choroid, which in fishes is furnished with a peculiar gland, which is highly vascular and easily separable into two portions. The portion next the brain can be readily injected, but I have never succeeded in forcing the injection into the other portion from which the choroid vessels proceed. It appears from this arrangement that some portions only of the blood are taken up by the anterior portion of the gland, and that the blood is thus prepared for the necessary structures. A portion of its carbon and iron assist in furnishing the pigmentum nigrum, and the phosphorus and albumen enter largely into the composition of the nervous matter. The peculiar animal matter which forms the crystalline lens may have also been previously prepared by the same apparatus.

The laminæ of the retina may be easily demonstrated in the eye of an ox, by preparing it in a similar manner and filling the cup-like cavity, first with a watery solution of corrosive sublimate, and in a minute or two afterwards with diluted alcohol. The vascular membrane may be lifted with forceps, and the fibres may, by a camel's-hair pencil, or piece of pointed wood, be separated from each other in bundles, or removed to show the granular layer beneath them. If the eye be opened under alcohol, provided it has not been macerated too long, the coat of Jacob may be seen as a double serous membrane, one portion floating on the



outer surface of the retina, and the reflected portion floating on the chorioïd. The coat of Jacob may be more extensively seen by exposing the convex surface of the retina of a perfectly fresh eye under water, and folding it over with the handle of a scalpel, or a hair pencil. When the same preparation is allowed to putrefy, and the nervous matter is washed away, the vascular coat may be lifted on a plate of glass and demonstrated.

By similar management these four laminæ may be readily demonstrated in the human retina, which will now occupy our attention.

The filaments of the nerve of vision are, in the normal condition, transparent, but they become opaque soon after the extinction of life. Some of them commence at a yellow-margined opening in the centre of the retina; and of these, the filaments nearest the optic nerve proceed towards the perforation in the tunics, in nearly straight lines, whereas the more distant sweep around the more central like notes of interrogation facing each other and placed horizontally. Those which do not commence at the foramen of Sœmmering proceed as nearly as possible in straight lines from their origin at the margin of the ciliary body, and from every point of the cavity, to form the optic nerve. The fibrous lamina is consequently much thicker at the inner posterior portion than it is at the circumference or at the centre. The origin of the fibres from so many points is deduced from subjective appearances rather than from direct examination, although it is asserted by microscopic observers that each fibre terminates in a papilla which bends towards the vitreous humor. When we place the retina of an animal, recently killed, in the field of a microscope with the concave surface upwards, we observe a granulated appearance from the corrugation of the membrane, which may be even seen to contract, but these elevations do not seem to be papillæ, and they cannot be demonstrated by other preparations of the retina.

Exterior to the fibrous lamina, but not anatomically connected with it, there is a layer of prisms and granules resembling mosaic work. This mosaic adheres to, or is arranged upon, the coat of Jacob, which, owing to this circumstance, exhibits a granular appearance when viewed through a microscope.

After the announcement of the discovery of the daguerreotype, it was suggested that the retina might be in a similar manner chemically affected by light, and that the heat generated by the exudation of the phosphorus of the nervous matter being communicated to the brain, might occasion vision.\* If we substitute electricity for heat, this is the most plausible theory of vision that has been offered, and more easily comprehended than the one assuming billions of vibrations of imaginary villi in a

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\* "It belongs to physics and chemistry to commence where the anatomist ends. He describes the parts, they tell the use. They show how the images of external objects form, on optical principles, on the dark pigment, and how, under this influence, the nerve globules of the retina are oxidized by the arterial blood, which, through thousands of vessels, finds its way all over the chorioïd coat. How, whenever this oxidation goes on, the temperature rises, and the optic nerve transmits the impression to the brain; and we thus discover, that though in a certain sense the action of that nerve is special, yet in reality it is like that of any other sensory nerve, which, in like manner, transmits the impressions of heat."—*Dr. Draper's Introductory Lecture on Phosphorus.*



second of time. We might even admit the transmission by heat, as all the imponderables seem to be modifications of the same agent; thus heat produces electricity, and electricity produces light and magnetism; and magnetism produces electricity, which produces heat and light. Time may unfold the causes of these modifications in behavior, yet as matters are now understood, electricity seems the better hypothesis. Hydrogen and chlorine may be kept mixed in the dark; but let a ray of light or any electric spark pass through the mixture, and the elements become chemically united. Light and electricity produce composition or decomposition in a variety of other bodies, organic as well as inorganic, the effects of which are conspicuous in the chloride and iodide of silver in phosphorus, and in the coloring matter of vegetables.

The time which light requires to travel from the sun to the earth, as calculated from the eclipses of the satellites of Jupiter, corresponds precisely with the rate of progress of electricity, as ascertained by the ingenious instrument of Professor Wheatstone. We cannot explain the cause of the light of the sun, yet the common source of artificial light is the change of state which bodies undergo by combustion. As a drop of water cannot become ice or vapor without disturbing the electric equilibrium, and as the combination of one of the constituents of water with other bodies is the usual source of the evolution of galvanism, the intense chemical action or change of state effected by combustion is doubtless followed by similar evolutions. Flame consists of a series of explosions occurring at certain intervals; the solar light consists of waves following each other at intervals which vary with the angle at which they are refracted or reflected, and in this manner form all the varieties of color, which is not owing to a quality of the colored body, but to a property of altering the lengths of the waves of light.

A true picture, then, is represented on the granular lamina of the retina by undulations of light of varied duration and intensity. The consequent chemical action is followed by evolutions of electricity, and these passing, not by vibrations, but quietly along the fibres to the brain, the perception of exterior objects is accomplished.

The microscope furnishes an interesting field for many of the subjective phenomena of vision. We sometimes observe a fibre resembling a worm, with a luminous mouth, moving to feel the picture as if endowed with a separate vitality. Some of the fibres, as if paralyzed and contracted upon themselves like intestines, appear either nearly stationary or moving at different perspective distances, and laboring with efforts to expand themselves. We observe, also, granules of different sizes; some of which may be regarded as the terminations of the fibres, and others as granules.

The nervous structure described is contained between two delicate membranes, the innermost of which is highly vascular and lines the whole cavity of the retina. Its vessels are derived from an artery which enters the globe through the centre of the optic nerve, and divides into several branches which ramify towards the ciliary body. Two of the branches form a circle round the central foramen, the one



passing above and the other below it, but no large vessel crosses or approaches very near the centre. The veins lie on the inner surface of the membrane, and accompany the arteries in their course; they form together a network, the meshes of which resemble the minute ramifications of the fibres of a leaf. Between the meshes the membrane is thin and transparent, and although on account of its vascularity the term has been objected to, it appears to perform the functions of a serous membrane, resembling, vascularity being excepted, the scrotal portion of the tunica vaginalis; the opposing serous surface being the hyaloid membrane.

The anastomosis of the vessels at the anterior portion of the vascular membrane with those covering the ciliary lamina, may have favored the opinion, which some have expressed, that the retina extends to the capsule of the crystalline lens. If an eye be allowed to putrefy, and the vessels extending from this membrane can be separated from the ciliary lamina, it is no proof that the medullary matter extends beyond the circumference of the ciliary body, for nervous matter is the first to undergo decomposition. After putrefaction, the nervous structure would not hold together to admit of separation. The fine plate which Arnold has given, representing the ciliary portion of the retina of an adult, and which has been often copied, is evidently imaginary, as the ciliary processes are those of the carnivora and not of man. When the eye is perfectly fresh, the ciliary processes adhere so firmly to the ciliary lamina, that they can only be separated by rupture; and when the separation is made under water, the ruptured remnants may be seen floating in the liquid. In Swan's beautiful plates of the nerves, there is a figure of the retina proceeding to the capsule of the crystalline lens; but the description betrays the secret of its manufacture, as it was "*taken from an eye that had been for some time immersed in alcohol before the sclerotic and choroid coats were removed.*" When an eye is allowed to remain in alcohol, the retina adheres so firmly to the choroid that it must be removed along with the latter membrane; so that we have only a representation of the coagulated membranes of the vitreous humor, and the retina is not represented at all.

The convex surface of the retina is covered by a delicate serous membrane, which is reflected over the choroid as before stated. The nervous matter is thus contained between two serous sacs extending from the ciliary body to the artery of the vitreous humor on one side, and from the ciliary body to the entrance of the optic nerve on the other. Free motion is thus given to the retina in its whole extent, without hindrance from adhesions, penetration of vessels or any other cause.

The yellow margin surrounding the spot at the centre of the retina is not observed till the fourteenth or sixteenth month after birth. This is not surprising, as the coloring granules of the iris require in most animals time for their development, yet the opening appears at an early period of foetal life. The color is not observed in old people, and when vision is obstructed by opacities of the cornea or cataract, it is weakly marked or altogether wanting.



Owing to the diminution of the humors after death, the thin portion of the retina projects and forms a fold, so that it is difficult to examine this central structure ; but if the retina is exposed on the humors, and the preparation allowed to macerate in water till the projecting plaits are unfolded, we may observe a foramen, if not through and through, at least through the nervous matter.

The opinion advanced by the celebrated Blumenbach, that the central portion of the retina expands and contracts like the iris, is very probable. We are accustomed to consider muscular fibres as essential to animal motion, but they cannot be discovered in the brain, which in the opinion of eminent physiologists possesses a motion of its own, which is facilitated by its serous surfaces. In the daughter of a friend of mine, who recovered from a fracture and removal of a large portion of the parietal bone, a vermicular action of the brain could be felt when particular organs were excited. Nothing like muscular structure has ever been discovered in the iris, which moves solely by nervous elongations and contractions. The inner fringed margin or annulus minor, which is the principal seat of motion, and the distorted pupil when some of the nerves are paralyzed, are incompatible with the idea of an orbicular muscle.

It was first noticed by Serres, that if we take hold of one of the ciliary nerves lying between the sclerotica and choroid, and clip it off, the nerve immediately contracts to one twentieth of its length, and if we plunge it into water it is again elongated. He supports his theory that the motions of the iris are affected in this manner, by the fact, that those animals in which the iris is immovable, as the frog, have no ciliary nerve.

By the foregoing remarks we have endeavored to show—1, that the retina is endowed with the power of motion ; 2, that its adjustment is facilitated by the central foramen ; 3, that on the granular coat there is formed a true picture, which is felt by the fibres, and that by the undulations of electricity, evolved by chemical action and transmitted along the optic nerve to the brain, vision is accomplished.

#### SOME ACCOUNT OF A DISEASE PREVALENT IN MICHIGAN THE PAST WINTER.

[Communicated for the Boston Medical and Surgical Journal.]

SEVERAL paragraphs have appeared in the newspapers, announcing the existence of a severe epidemic in various parts of this State ; but as yet, to my knowledge, there has been no detailed account of its history in any of the Medical Journals. A brief narrative of its phenomena, and the treatment found most successful in its management, may not be uninteresting to the numerous readers of this Journal.

During the last summer and autumn, practitioners had very generally remarked that our endemic fevers were much more intractable than had been the case for several years previous ; patients were apt to fall into a



typhoid condition, from which they were with difficulty recovered. Coma and delirium were oftener present. Even simple agues were noticed as much more indifferent to the power of quinine.

The weather has been extremely variable—scarcely a week has passed without a change from one extreme to the other. A thunder-storm has been succeeded by driving snow within twenty-four hours.

It was soon after one of these sudden changes that the first case occurred, so far as I can learn, in this vicinity. This was December 4th, 1847. From that time to the present, new cases have supervened only on the change from mild weather to cold.

Premonitory symptoms, if any, are rare. Occasionally a severe pain is complained of in some part of the body—the thorax, the arm, the hip, the occiput, or indeed any other region. Ordinarily, however, the attack is ushered in by a severe and protracted chill, at the onset perhaps appearing like simple ague, but soon becoming more and more intense, until the patient falls into a condition analogous to the severer forms of “congestive fever,” with cold extremities; pulse small and feeble, or entirely absent at the wrist; profoundly comatose. The respiration extremely laborious and accelerated, hissing through the clenched teeth. The surface is generally during this stage covered with *petechiæ*, very large, livid and dark. There is also remarkable *soreness* of the surface. Although the pupil is insensible to light, and the ear to sound, yet the slightest touch or motion will elicit agonizing cries or groans. The tongue is either clean, or exhibits a thin mottled-white coat. The bowels are constipated. The urine is thickened in most cases by tenacious, ropy mucus, the sediment is at times lateritious, but ordinarily white, or slightly tinged with yellow.

The cold stage varies in duration from three to twenty-four hours. Death ensues, often, in a very few hours from the commencement of the attack. On the subsidence of the chill, there is generally considerable of a remission. Respiration continues accelerated, but the pulse is full and apparently natural, the surface is moist and warm, and the spots in a great measure disappear. The countenance is free from anxiety, and the patient converses confidently of approaching recovery. Some have even insisted upon resuming their customary avocations. The remission rarely exceeds four or six hours; then comes on the febrile stage.

In this stage the soreness is aggravated, the temperature much above the standard of health; the pulse becomes rapid, small and wiry, though in some instances it is full and hard, and in others the blood seems to be “jerked” under the finger in balls. The respiration is rapid, laborious—the physical signs revealing congestion in various portions of the lungs. The countenance is anxious. The head is thrown back, in some cases, to its utmost tether, as if in fear of suffocation. The eyes are distorted, and hearing is temporarily lost. The most fearful delirium soon supervenes. I have seen a delicate girl, 10 years of age, require the strength of three adult persons to confine her to the bed. The delirium is manifested more by jactitation than by voice, though speech is incoherent, and at



times noisy. This is a very prominent symptom, and generally continues, with some intermission, till late in the disease. It is most constant and violent in the night. The tongue is not constant in its changes, at this time; mostly, however, it gradually gets more coated, drier and darker, to black, or the coat comes off and leaves it intensely red, dry, glazed and fissured.

Erysipelas in most cases shows itself in some locality, at this period, generally on the face or around a blistered surface, or old sore. The throat is apt to become affected and ulcerate, with a most profuse and offensive discharge. Most intense local pain, without regularity in its site, is a common symptom. In a few instances, there has been paralysis. The bowels occasionally get tender to pressure, but seem on the whole less disturbed than any other part of the system. In those cases which survive several days, a cough usually comes on, accompanied with expectoration of a thick bloody matter at first; afterwards the expectoration being mucous or purulent, according to the severity of the disease. The febrile stage may end fatally in a few days, or be protracted for weeks.

Convalescence is tedious, and relapses almost as numerous as the changes of the weather—cold seeming not only to produce new cases, but to aggravate the older ones.

I regret exceedingly that existing prejudices against *post-mortems* have not permitted me to make more extensive examinations pathologically. In a strongly-marked case, which came to a fatal termination three days from the attack, in a boy of 14, I found the following appearances.

*Inspectio-cadaveris.*—Present, Dr. J. H. White (late Surgeon U. S. A.), Dr. Putnam of Grand Rapids, and myself. Eighteen hours *post-mort.* Body slightly emaciated, flexible, depending portions engorged and dark. Abdominal viscera normal, except at the cardiac orifice of the stomach where there was a slight abrasion of the mucous membrane. The lungs were almost entirely engorged, tubercles in the apex of the right lung but not softened, parenchymatous texture in parts friable, ramifications of the bronchi filled with muco-purulent fluid. The bronchi exhibited marks of inflammation, which extended some distance up the trachea but diminished gradually near the larynx. There were recent adhesions of the adjacent pleuræ upon both sides. The heart was engorged with black blood and tenacious, fibrinous concretions extended up and down from its outlets. The larynx and œsophagus were healthy. The posterior nares and palatal region were a mass of ulceration, involving the orifices of the Eustachian tubes. Examination of the head was not permitted. From conversation with neighboring practitioners, I understand that it does not often exhibit marked lesions.

*Diagnosis.*—In striking symptoms, this disease resembles what is usually termed congestive fever. But the time of its occurrence, its want of periodicity, its location upon the lungs, its petechiæ, the soreness of the surface, and the erysipelas, it appears to me, draw a marked distinction from that disease. Prof. Condie, in a note to his edition of



Watson, under the head of *typhoid pneumonia*, more nearly describes it. But the epithet typhoid, can with little propriety be given here, for, aside from the great prostration of strength at the onset, the condition, usually understood by that term, is rarely present, except very late in its course. The great degree of rapidity with which the lungs run into disorganization, coupled with the erysipelas almost invariably manifest externally, seem to me to denote this as an erysipelatous inflammation of the pulmonary tissues, producing the usual effect of that destructive disease.

*Treatment*.—Some practitioners are strongly in favor of venesection at the outset, or even in the course of the disease. In plethoric young subjects, this may be of service very *early in the chill*, to bring on reaction; but such persons are very little liable to have the disease at all. Later in the disease, general bloodletting is inadmissible, and, locally, should be used with extreme caution. Remissions are usual after venesection, but they are *deceptive*, and nearly every case has turned out unfavorably. *External heat* and stimulants should be applied until reaction ensues. Hot air or vapor introduced under the bed clothes—a common mode of which is to surround the patient with parboiled ears of corn. Sometimes stimulating vapors, alcohol, &c. Sinapisms to the extremities and abdomen. Internally, quinine, carb. ammonia, brandy, capsicum, &c. Say, for example—R. Quin. sulph., grs. xxx.; carb. am., grs. xxv.; in a tumbler of strong brandy toddy. A tablespoonful, p. r. n. After re-action comes on, the bowels should be cleared by a gentle cathartic, but active purgatives should be avoided. Castor oil, with the addition of a few drops spts. tereb., has seemed to act the most favorably.

Quinine or bark in substance should at this time be given largely, and indéed should be continued in the febrile stage. I have again and again seen the delirium calmed by this article, the patient becoming quiet, rational, and ultimately convalescent. Two grains every two hours ordinarily is sufficient, but sometimes must be much increased. To falter here, is to sacrifice the patient.

*Diaphoretics*, especially ipecac, alone or in combination with camphor, have a decidedly beneficial effect in the febrile paroxysm. They should be given with care, as the stomach is prone to become irritable.

*Opiates* in any form, under my observation, seem to aggravate the delirium and restlessness, unless carried to stupefying doses.

*Blisters*, as mentioned previously, are so apt to become erysipelatous and leave behind a foul sloughing ulcer, that we have been obliged in great measure to forego their employment.

During the period of convalescence, the patience of the practitioner is sorely tried by the innumerable phases the disease assumes. He has to alternate, combine, re-combine and change. A mild infusion of serpentaria, with camomile and quassia, furnishes a useful draught. But above all, *expectorants* must be assiduously selected. Sanguinaria with carb. am., the "Brown mixture," with bal. copaib., are used to advantage. Many other forms, that we have used with good effect, might be men-



tioned, but must be left to the good sense of the attendant, which, if he is qualified for the station he fills, will not fail to suggest to him the proper means and their application.

If this hasty sketch may prove of any service to the profession, in the management of a fearful disease, my object is accomplished.

*Kalamazoo, Mich., March 10, 1848.*

J. ADAMS ALLEN.

## DISCOVERY AND APPLICATION OF THE NEW LIQUID ADHESIVE PLASTER.

[A Communication addressed to John D. Fisher, M.D., of this City, and read before the Boston Society for Medical Improvement, March 27, 1848.]

DEAR SIR,—Some time last summer, when you were at Dedham, you requested me, as you may recollect, to furnish you with some account of a liquid adhesive plaster, which I had been using in surgical operations, with permission for you to read it before the Boston Society for Medical Improvement. Although I had at that time made many experiments with the new adhesive substance, and had formed a very favorable opinion of its properties, still I did not feel willing to express this opinion in a paper to be read before the above learned Society, until I had perfected the manufacture of the substance itself, and employed it in surgical cases sufficiently numerous and various, to determine its true adhesive qualities and real importance to surgical and medical science. Consequently time passed on, and I had really forgotten the request you had made, until I was reminded of it by reading in some Journal, a day or two ago, the announcement that my friend and fellow student, Mr. Samuel L. Bigelow, had written a paper on the subject of the new adhesive material, and that his paper was read before the Society for Medical Improvement by one of its members at its last meeting. This circumstance has induced me to address you this communication, in compliance with the suggestion you made to me last summer, which communication I submit to your disposal. As I shall in this letter speak of the nature and the history of the application of this new adhesive fluid, it is very possible that I may repeat some things that have already been said on the subject by Mr. Bigelow. Should this be the case, my total ignorance of the contents of Mr. B.'s paper must be my apology.

While attending the medical lectures in Boston the winter before the last, Mr. Bigelow showed me a liquid which he was using as a varnish, and informed me, that it was made by dissolving "gun cotton" in sulphuric ether, and that he obtained the directions for making it from Dr. Charles T. Jackson. Having at this time occasion to use some varnish for a purpose to which the common varnishes of the shops were found by experiment not to be applicable, and noticing that this "gun cotton" varnish dried suddenly and became hard, transparent and glossy, it occurred to me that it might answer the purpose I had in view. I therefore requested Mr. Bigelow to furnish me with a



small quantity of the liquid. The quantity he kindly gave me. I made experiments with it as a varnish, but soon discovered that it would not answer the object I had in view. For instead of improving and protecting the gilded surface, as I had hoped it would, it destroyed it, probably by the action of the acid it contained. While making this application of the varnish, my fingers became covered with it, and I noticed that my index and middle fingers were so firmly glued together by the varnish, that it required a considerable degree of force to separate them.

This accidental occurrence at once suggested to me the idea that this fluid, as it suddenly became solid, and seemed to possess an adhesive tenacity unequalled by any known gum, might be made use of as an elegant and effective substitute for the common adhesive plaster, and become an important agent in surgery. Impressed with this idea, I made experiments with it on my own person; first, by spreading the fluid over the surfaces of two of my fingers with a small brush, and allowing it to dry while the fingers were in contact; and second, by moistening straps of cotton cloth and of sheep-skin with the liquid, and applying them on the back of my hand. The fingers were soon found to be glued together somewhat firmly, and the cotton and sheep-skin straps to adhere strongly to the parts on which they were applied. These simple experiments convinced me, that the substance would answer as an adhesive plaster in incised wounds, and I used it as such on a little niece of mine, who had cut her finger, and then on my own hand which had been accidentally wounded. In both of these instances it proved perfectly successful, keeping the incised surfaces together until they healed. The fluid was used in these cases in the following manner:—It was spread by means of a brush over the approximated edges of the wound, and also over the sound skin, on each side, and a thin strap of cotton cloth was pressed upon it, which soon became firmly united to the surface, by the evaporation of the ether, retaining the cut edges immovably together. The wounds in these cases healed by the first intention, and the straps were not removed until perfect and solid union had taken place.

These I believe to be the first surgical applications that were ever made with this new adhesive mixture. Feeling somewhat elated by the success of the experiments, and by the idea that I had made a discovery that might prove of value in operative surgery, I informed Mr. Bigelow, that I had discovered a new and important application for his "gun-cotton varnish," and related the experiments I had made. Some time after this, he told me that he had made use of his varnish, as I had previously done, in surgical operations and with success. The experiments I had made exhausted the small quantity of the varnish that had been given me, and to obtain more I was obliged to attempt the manufacture of it by dissolving the gun-cotton in ether, according to the formula furnished me by Mr. Bigelow. But on trial I found that gun-cotton dissolved in ether would not produce the desired gum. Being in Dedham at the time, I wrote a note to Mr. Bigelow, mentioning the failure of my attempts to re-produce the article, and requested him to



give me particular directions how to make it. In answer to my note, Mr. B. stated that he, like myself, had been unsuccessful in his efforts to make "gun-cotton" yield a gum such as he had before used and given me. I now determined to make experiments with the view of effecting the re-production of the adhesive solution. I accordingly obtained, from the city, a large quantity of acids, and commenced the preparation of the raw cotton, and after many trials and many failures I finally succeeded in preparing a cotton, which would dissolve in ether and form a gum of greater adhesive qualities than that I had been using.

In this connection I may observe that in attempting, at a subsequent period, to make more of the article, I failed, having mislaid my notes specifying the exact proportions of the acids previously used, and the length of time required for them to act upon the raw cotton. Consequently I was compelled to repeat my experiments in order to re-produce "the ethereal solution of prepared cotton." I call the adhesive liquid by this name, rather than by that of solution of gun cotton, for the reason that I have never been able to produce the article from gun cotton. Pure gun cotton will readily dissolve in ether, but the solution possesses no, or only very slight, adhesive properties.

Having now at command any desirable amount of this new adhesive preparation, I made it a business to investigate its usefulness in the healing art, by employing it myself, and engaging others to experiment with it. Dr. Whitney, of Dedham, was furnished with some of the solution soon after I had prepared it; and Dr. Fisher of Boston, Dr. Warren of Waltham, Dr. Clarke of East Cambridge, Dr. Comstock (now residing in Wrentham), and a few others, were supplied with it, some eight or ten months ago. In July or August last, Dr. John C. Warren was informed of its nature and properties by Dr. Fisher, and recently I gave some of it to Dr. J. Mason Warren, who used it in his private practice, and afterwards in the Mass. Gen. Hospital. Previous to the commencement of the last course of medical lectures in Boston, I had used it and seen it used by my instructor, Dr. Whitney, in more than a hundred cases of surgery, some of which were of a serious nature; and in these cases it was most successfully employed, and was found to possess great advantages over the common adhesive plaster of the shops. On a future occasion I intend to draw up a detailed report of the cases in which the liquid adhesive plaster has been used by Dr. Whitney, myself, and some other practitioners who have employed it in their surgical and medical practice. To do this now, would require more time than I have at command. I will, therefore, at present, merely state that the preparation has been employed by Dr. Whitney and myself, with the most gratifying results, in cases of incised wounds; in fractures of the fingers, in which it performed the office of an immovable bandage; in a case of hernia occurring in a child; in cases of deep ulcers, in which it was desired to approximate the surfaces of the sores for the purpose of hastening the process of granulation; in four cases of amputation of fingers, accidentally caused by a circular saw, and other cutting instruments; in cases of burns, attended by loss of substance; in two cases of enlarged



testicle, accompanied by an effusion into the scrotum; in the case of an operation on the face of a young lady, for the cure of a deformity resulting from a severe burn; in the case of a wound in the scalp, made by extirpating a wen from the head. These are some of the surgical cases in which I have witnessed the successful application of the cotton plaster.

The mode in which it was used as a dressing in these cases, varied according to the nature, size and situation of the wound. In slight cuts, a moderately thick coating of the solution laid over the incised parts was, on becoming dry, sufficient to keep the lips of the wound in position till union took place; but in most instances it was employed in conjunction with straps of cotton and sheep-skin, and with raw cotton, forming with them strong, unyielding, adhesive straps, bandages and encasements; and after many experiments, I am convinced that this is the best and most effectual way in which it can be employed as an adhesive agent in surgery. The solution dries rapidly, and in a few seconds, by the evaporation of the ether it contains, it becomes solid and impermeable to water—and a strap moistened with it and glued to any part of the cutaneous surface, adheres to it with a tenacity that is truly surprising.

In proof of this, I will mention the following facts. A strap of sheep-skin, glued to the hand by a thin layer of the solution, nine lines long and one and a half wide, sustained a weight of two pounds. A second strap, attached to the hand by a layer of the substance, nine lines in length and three in width, sustained a weight of three pounds. A third strap, fixed to the hand by a layer of the liquid, twelve lines square, resisted the force of ten pounds without giving way; and a fourth strap of the leather, glued to the hand by a stratum of the solution, measuring one and three fourths of an inch in length and one in width, was not separated from its attachment by the gravity of twenty pounds! These statements may appear incredible; but they are founded on exact and carefully performed experiments, and are true. No other known gum possesses such adhesive power as these experiments show this cotton gum to be endowed with. No adhesive plaster hitherto used in surgery is to be compared to it in this respect. It therefore can be made use of in cases in which the common adhesive plaster would be useless.

The wonderful adhesive properties which my experiments proved it to possess, suggested the thought that it might answer the purpose of sutures in surgery. And an opportunity soon occurred to enable me to decide the fact that it would. I allude to the operation performed by Dr. Whitney, for the removal of a wen from the head. Fearing that an erysipelatous inflammation might arise in the scalp, in case he united the divided parts by sutures, Dr. W. shaved the hair from the raised scalp, and by means of the cotton solution he glued some short and narrow straps of sheep-skin on each flap, a short distance from their edge. These straps were then drawn towards each other until the edges of the wound were brought into close and exact union, and the free ends of the straps were fastened together by sutures. In this case the needle and thread were passed through inanimate leather instead of living flesh,



causing no pain to the patient and no interruption of the process of healing. The wound healed favorably, and without the usual accidents necessarily occasioned by the presence of sutures in, and the operation for their removal from the parts. The happy result of this case convinced me that a means was now discovered which would enable the surgeon to do away with sutures, pins and needles, in most of the cases in which these are at present considered indispensable.

Although unauthorized to do so, I must take the liberty, in this place, to mention the interesting fact that Dr. Comstock, of Wrentham, has recently employed this liquid as a dressing in a case of extensive laceration of the perineum, with a success that he thinks never attended any other mode of management. The dressings remained firmly attached and solid during the process of healing, notwithstanding they were for a time almost constantly covered by urine and mucus, and subject to being displaced by the movements of the patient. This case, I trust, will be communicated to the profession, as it supports the opinion I have advanced that this new adhesive solution will be used as a substitute for sutures and needles.

From the success that attended these two last-mentioned operations, every surgeon and practitioner will readily imagine how effectual and valuable this new dressing must be, in cases where there is great loss of substance—in operations for hare-lip, artificial nose, &c. But I will not attempt to predict the cases in which this new adhesive substance may hereafter be successfully employed. I prefer to speak of it only in connection with cases in which its value has been tested. Future experiments must determine the applications that can be made of it in surgery, and its true value to medical science. As a varnish, it may be useful in the arts—and has been found to afford protection to the fingers and hands while engaged in dissections and autopsic examinations. It was used for such a purpose last summer by Dr. Whitney and myself. I might also speak of the applications that have been made with it in medical practice, as in cases of burns, of eruptive diseases, of sore nipples, &c. ; but I must bring this long and hastily-written letter to a close. In it I have given you a true and faithful history of this new adhesive agent, so far as I am connected with or have any knowledge of it.

Had I not heard to-day, while visiting the Hospital, that I had no claim to the credit of having originally applied this new agent to surgery, I should have signed my name to this letter without alluding to the subject. But since my pretensions are disputed, I will remark that the grounds on which I rest my claim are the following :—1st. That I used it in the first instance on my own person—then on the body of another—again upon a wound on my own hand, and that these cases were the first instances, as I believe, in which it had been surgically applied. 2d. I afterwards communicated the fact of my having surgically used it to my friend and fellow student, Samuel L. Bigelow, upon whose veracity and memory I must depend for the corroboration of the statement. 3d. Public announcement was made last summer, in the journals of the day, that it had been applied most successfully in a surgical opera-



tion performed by Dr. S. S. Whitney, of Dedham, upon the face of a female for the cure of a horrible deformity caused by a burn in childhood. 4th. I have used and superintended its use for more than a year, in over a hundred cases of surgery. For proof of this I refer to Dr. Whitney of Dedham, Dr. Fisher of Boston, Dr. Mason of Lowell, and the patients who were the recipients of its benefits. Notwithstanding all this, it will not be inconsistent with human nature should many *post-facto* claims be set up for the credit of first applying a *solution of cotton to surgical uses*. If, however, any person can establish a clearer right than I have to this credit, I shall be content.

Yours, &c.

Dedham, March 18, 1848.

JNO. P. MAYNARD.

#### QUERIES RESPECTING THE USE OF ETHER AND CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I see by your, and other Journals, not excepting the newspapers, in Europe and America, that deaths are coming in from the use of ether and chloroform, and in cases, too, where they have been employed *secundum artem*. This was to have been apprehended from what is known of the respiration of ether in former times. But as ether was long since abandoned by the profession, it was to have been hoped that, after it had lain dormant till its old effects were forgotten, it might be again re-produced as a novelty under better auspices. But it was less my object to have made the foregoing comments, than to inquire of some of your numerous correspondents who advocate the use of chloroform and ether, and consider them the greatest boon that has been vouchsafed to man, what kind of subjects are the appropriate ones for their stupefying effects. I find these agents recommended, indiscriminately, by most of their advocates, in surgical operations, and the extraction of teeth, and by many in the parturient state; but it has become, at the same time, quite common to admonish the inexperienced part of the profession not to employ them at random, nor in cases where they are liable to kill. Now I shall be grateful to any of the experienced in the use of these powerful agents, if they will define what is meant by their “cautious use,” and the special circumstances which will enable us to foreknow their deleterious effects where the exhibition of one or the other may be contemplated; and it would be also valuable to others if they who have enjoined the “caution” will state the facts which have led them to this degree of hesitation. And may I not with propriety ask for the reasons why, according to your Journal, “the use of ether, in obstetric practice, is discarded by the two most prominent professors of this department in Philadelphia, Drs. Hodge and Meigs”? Moreover, it is wisely said by the indiscriminating advocates, that the use of ether and chloroform should be limited, even by law, to the hands of physicians; while it appears that nearly all the disastrous cases that have reached the light, have been the immediate offspring of medical science.



It is said, however, that the Queen of England is about to undergo the hazard of chloroform, and perhaps it may be well to await the result, as being likely to decide the destinies of this wonderful agent.

New York, March 17, 1848.

Respectfully yours,  
MEDICUS, JUNIOR.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 29, 1848.

*Collodion*.—Surgery is passing through so many revolutions, of late, that its old landmarks are becoming obscure. Late events in France are not more astounding, than the discoveries which are now apparently changing the character of the surgical art. All the horrible part of the business of cutting living human flesh, has in a measure passed away. Patients repose in a quiet slumber, while the great cavities of the body are fearlessly laid open for inspection; limbs are amputated, tumors incised, and, in short, consciousness of pain, even in the severest cases of parturition, no longer exists, under the potent influences of chloroform.

One achievement prepares the way for another—and we are again taken by surprise, with a new preparation, which was alluded to in last week's Journal, and which is to be known under the name of *Collodion*—being a solution of cotton in ether. Of its adhesiveness, not a shadow of doubt need be entertained. Nothing known to us will compare with it in this respect. An entire change in the mode of dressing wounds will necessarily follow. A piece of cotton cloth or kid leather, half an inch square, moistened with the solution, and applied to the skin, will bear up a weight of four pounds, without being dragged off. Yet dressings may be removed with facility by a little practice. In this city, Mr. Burnett, Tremont Row, and Messrs. Maynard & Noyes, Merchants' Row, prepare it in neat two ounce phials—and so on to larger quantities, at a far cheaper rate than it could be manufactured by those who do not make it to sell, and both establishments are of the first respectability in the city. Mr. Bigelow's communication, last week, set forth the utility of the new article, and Mr. Maynard's, in the present number, gives additional information concerning it. Stitching wounds, forcing pins through the cut edges in hair-lip operations, &c., may all be dispensed with in future—and not only in these cases, but in a multitude of others where the common adhesive straps have been used imperfectly, the collodion will doubtless, hereafter, be universally used and prized.

*Case of Alleged Death from Chloroform Inhalation*.—A pamphlet has been received from Prof. Simpson, of Edinburgh, containing remarks on the case of Hannah Greener, of Newcastle, whose death, according to the coroner's inquest, was caused by the use of chloroform. Prof. S. thinks that death was not owing to this cause, but was brought about by the means used to revive the patient from a fit of syncope which occurred while she



was undergoing a surgical operation after the use of chloroform. These means were the administration of a little brandy, after the occurrence of the fainting, which Prof. S. considers produced asphyxia. He is borne out in this view by the post-mortem appearances of the body of the deceased, which were, he says, similar to those observed in persons who have died of simple asphyxia rapidly induced, and were dissimilar in many respects to those observed in animals intentionally killed by the inhalation of chloroform. The manner in which he thinks asphyxia was produced, was, that the patient being unable to swallow, in her faint and anæsthetic state, the brandy, on her first returning attempt at inspiration, entered the throat, and suffocation instantly took place. The only means which Prof. S. thinks necessary in such cases, is the free admission of fresh air, cold water to the face, or perhaps artificial respiration.

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*Medical Practitioner's and Student's Library.*—Some weeks since, a volume, on the Principles and Practice of Midwifery, by David H. Tucker, M.D., was received, and some notes written for the Journal in regard to it, but they were mislaid. Another volume, the second in a proposed series, on the Elements of General Pathology, by Alfred Stillé, M.D., of Philadelphia, has appeared, and we now give our impressions in relation to both of them. The idea of uniting the interests of practitioners and students in this periodical library, is worthy of encouragement. It is quite certain that the latest and the best of all the scientific world affords, on all the subjects legitimately belonging to the domain of medicine, will be presented in it.

The system of midwifery, in Vol. I., possesses no peculiarity other than this, that is a concentrated treatise. The student has an epitome in it of all that has been written on obstetrics, worth knowing, for the last hundred years;—and yet it by no means destroys the reader's interest in any other author extant. The design is to give the practitioner and student good weight and measure, and to bring the best guides in practice within the reach of moderate means; and both the plan and execution, thus far, are worthy of our commendation. Wood illustrations are rarely so beautifully cut as in this book, and being quite numerous, the text is made exceedingly plain.

Volume II. is by an accomplished gentleman, Dr. Alfred Stillé, who shows himself quite at home with the Elements of General Pathology, the theme to which 483 pages are devoted. In order to meet the various subjects embraced in this vast field of inquiry, Dr. Stillé has fortified himself by studying all the eminent writers of Europe, from the earliest periods of veritable medical history, to modern times, and the treatise before us will remain a perpetual memorial of his industry, patience in research, and ambition to contribute to the medical character of our common country. Dr. Stillé must not feel himself injured by the free criticisms of those who may happen to speak with an air of indifference of this literary effort, by advancing the idea that he has brought nothing new or strangely old to the eye of the medical public. Pathologists, especially those whose opinions command a wide-spread respect, will not only sustain this volume with the whole weight of their influence, but they will be looking with earnest expectation, for something more from Dr. Stillé, who is known to be equal to the greatest efforts that may be undertaken in the line to which he has been educated.

Ticknor & Co., Boston, will furnish copies.



*Transactions of the Medical Society of the State of New York.*—Part II. of vol. vii., just published, has the following table of contents. An Address, by Dr. T. W. Blatchford; on the Diseases of Saratoga, by Dr. Brislin; Address before the Columbia Co. Society, by Dr. J. Bates; Observations on Agriculture, in its blessings on Medicine, by Dr. A. Thompson; on Diseases of Otsego County, by Dr. J. S. Sprague, and the Influence of Dress, by Dr. W. D. Purple. In the appendix, the business operations of the Society are fully detailed. Dr. Alexander H. Stevens, of the city of New York, was elected President; Dr. Alex'r H. Thompson, Vice Pres.; Dr. Peter Van Buren, Secretary; and Dr. Peter Van Olinda, Treasurer. Drs. Naudain, Delafield, G. Buck, Beadle, Purple, and R. G. Frary, of Hudson; Wm. Bay, Albany; Thomas C. Brinsmade, Reusselaer; I. H. Wheeler, Athens; D. Clark, St. Lawrence; D. Loomis, New Berlin; A. Willard, Greene; I. M'Call, Utica; P. T. Hard, Oswego; J. S. Sprague, Exeter; M. Strong, Rochester; A. H. Thompson, Aurora; B. Burwell, Buffalo; and E. Barnes, Geneva, were chosen delegates to the National Medical Association, to be holden at Baltimore in May. Since the organization of the New York State Society in 1807, it has had twenty-four presidents.

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*Chloroform Inhalers.*—Another instrument, the invention of Dr. Luther, a dental surgeon, of Boston, has been given to the profession, which for simplicity and economy, in addition to its claims on the score of artistical skill in the manufacture, is destined to win its way into favor. For the compactness and neatness of this instrument, aside from the merit which should be awarded to good workmanship, Dr. L. deserves much praise; and we sincerely hope that the inventor will receive the reward due to his indefatigable efforts and ingenuity.

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*Report of the Boston Orthopedic Institution for the Year 1847.*—Whole number of cases admitted from Jan. 1st, 1847, to Jan. 1st, 1848, 107, viz., 36 cases of club-feet, 32 of which have been cured, and 4 remain under treatment—13 other applications have been made, which we have not been able to admit, for the want of funds, they being unable to defray their own expenses. Forty-three cases of spinal curvatures and other affections of the back; viz., 10 with angular curvature, 4 with excurvation or posterior curvature, 1 with incurvation or anterior curvature, 1 with antero-posterior curvature, 4 with spinal irritation, 1 with antero-lateral curvature; 10 of which have been cured, 5 much improved, 6 improved, 7 not improved, and 15 remain under treatment. Bow-legs, 14 cases; 11 of which have been cured, 1 is under treatment, and 2 not treated. Knock-knees, 2 cases; both under treatment. Anchylosis of knees, 4 cases; 3 cured, 1 under treatment. Anchylosis of ankles, 1 case; much relieved. Contraction of wrist, 2 cases; 1 cured, 1 not treated. Adduction of knees, so as to prevent walking, 2 cases; both cured. Wry-neck, 3 cases; 2 cured, 1 nearly so. Scrofulous disease of the hip, knock-knee and contraction of heel cord, 1 case; now under treatment.

JOHN B. BROWN, M.D.

BUCKMINSTER BROWN, M.D.

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*Public Health in Boston.*—Although the population is exceedingly dense, and some streets have twice as many human beings in them as should be



there, Boston enjoys an excellent measure of health. Were it not for the fact that the inhabitants are decidedly an active, out-door people, at all seasons, the bills of mortality would be greatly increased. Air, exercise, and plain food, conduce to health and long life, in city and country.

*Massachusetts Medical College.*—At a meeting of the President and Fellows of Harvard University, held on the 9th March, 1848, the following candidates, having been approved at the semi-annual examination, and complied with the statutes of the University, received the degree of Doctor in Medicine :—

Alexander Armstrong, dissertation on *Acute Pleurisy*; Joseph Edward Bomer, *Opium*; Oscar Burbank, *Dysentery*; Henry Austin Carrington, *Croup*; Charles Augustine Davis, *Typhoid Fever*; William Alvesta Gaylord, *The Temperaments*; Howland Holmes, *Dysentery*; Charles Howe, *Bloodletting*; Daniel Alley Johnson, *Syphilis*; Frederick Porter Mann, *Puerperal Convulsions*; Henry Graves McIntire, *Poisoning with Arsenic*; Edward Newhall, *The Therapeutic Properties of Cold Water*; James Cunningham Neilson, *Structure of the Human Teeth*; Sumner Augustus Patten, *Phthisis Pulmonalis*; T. Jefferson Worcester Pray, *Inflammation*; Thomas Scott Redman, *Typhoid Fever*; Daniel Dennison Slade, *Typhoid Fever compared with Typhus Fever*; John Sutton, *Phthisis Pulmonalis*; Benjamin Whitwell, *Bilious Remittent Fever*.

OLIVER W. HOLMES,

Dean of the Faculty of Medicine.

Boston, March 14th, 1848.

**TO CORRESPONDENTS.**—The communications of Drs. Jewett and Allen came too late for this week. In last week's Notice to Correspondents, the name Dr. Pereira should have been Dr. Pereira Gardner.

Communications received for this Journal are sometimes so badly written that it costs much trouble to decipher them. This trouble is in most cases an unnecessary one, as a little care on the part of the writer would prevent it. There is always a risk in such cases of printing what the author never intended to write—and this risk is occasionally so great that the only safe course is to reject the communication, unless recourse can be had to the writer. We feel compelled for this reason to lay aside a paper now on hand, bearing the signature of G. T.

We take this opportunity to mention, that when a communication is intended for a leading article in this Journal, it should be received at the office not later than Monday of the week preceding that in which the article is to be published. Advertisements should be handed in, on or before Saturday. Two pages of each number are left open till Monday morning, which is the latest period for the receipt of brief notices, &c.

**MARRIED,**—Dr. Hiram Corlies, of Union Village, Washington Co., N. Y., to Mrs. A. H. Sampson.

**DIED,**—In New York, John Stearns, M.D., 77, from disease contracted in probing a tumor on the arm of a patient afflicted with erysipelas, he himself having a slight cut on his thumb.

*Report of Deaths in Boston*—for the week ending March 25th, 71.—Males, 38—females, 33.—Stillborn, 3. Of consumption, 18—typhus fever, 3—lung fever, 3—scarlet fever, 1—smallpox, 1—infantile, 3—pleurisy, 1—convulsions, 4—intemperance, 1—delirium tremens, 1—drowned, 1—dropsy on the brain, 6—croup, 3—apoplexy, 2—inflammation of the brain, 1—canker, 1—erysipelas, 1—cholera infantum, 1—disease of the heart, 1—debility, 2—dysentery, 2—disease of the spine, 1—accidental, 2—abscess, 1—child-bed, 2—teething, 1—inflammation of the lungs, 1—mortification, 1—hæmorrhage, 1—dropsy, 1—dropsy on the chest, 1—syphilis, 1.

Under 5 years, 24—between 5 and 20 years, 9—between 20 and 40 years, 22—between 40 and 60 years, 8—over 60 years, 8.



*Medical Miscellany.*—About two years ago, the Legislature appointed a Committee to make inquiry in regard to the idiots in this commonwealth. Dr. Howe, of South Boston, was the Chairman of that Committee, and, after careful investigation, reports that there were from 1200 to 1300 idiots in Massachusetts; and also the astounding fact that from 1100 to 1200 of them were born of drunken parents.—The great desire of the Turkish government to promote the study of medicine, and to raise its professors to a proper station, has already been evidenced by the intelligence from time to time conveyed in the Journals; the same has recently received a fresh illustration. The Sultan addressed the Emperor of Austria by letter, to allow five Turkish medical students to present themselves for the degree of doctor in medicine at the University of Vienna. This request was granted, and the five Turks, of the school of Galata-Serail, produced, and publicly defended their theses in Latin, in the hall of the University of Vienna, when they were admitted to the degree, receiving the doctor's cap at the hands of the dean of the faculty of medicine.—The two physicians who were deputed by the French Academy to study the nature of the typhus fever raging in Ireland, last summer—viz Drs. H. Goeneau de Mussy, and Rodier, have been made knights of the Legion of Honor since their return to France. The name of the former gentleman is intimately associated with that of the late talented Dr. Curran, whose friend he was; and it was much owing to his kind and anxious attention on M. de Mussy, who was ill with fever, that poor Curran himself fell a victim. *Mortality of London.*—In the week ending January 22d, the registered deaths in London and its environs amounted to 1401, being 294 above the weekly average of the last five winters. Deaths from zymotic diseases 379, of which 89 were from influenza, 63 from typhus, 46 from measles, and 45 from scarlatina; 152 persons deceased of phthisis, 138 ditto of bronchitis, 137 ditto of pneumonia, and 78 of natural decay. Mean temperature 32° 5' Fahr.; temperature of dew-point 28° 4'; height of barometer 29.9 inches. *Progress of the Cholera in Russia.*—A letter from St. Petersburg, of the 14th of December last, states that the cholera had not yet subsided at Moscow. Between the 29th of November and the 6th of December, there occurred in that city 231 cases, and 112 deaths; in all, since the appearance of the scourge, 2,795 cases, and 1,419 deaths. The epidemic, however, appears to be stationary, and to have lost much of its intensity. Thus, in the government of Tver it was confined to the district of Torschok; it completely ceased at Kazan on the 23d, and at Simbirsk on the 24th of November. In the government of Orenburg it still prevailed in the localities where it originally manifested itself. In the districts of the governments of Mohilev, Tschernigov, Kiev, and Poltava, which are watered by the Dnieper, the cholera presented a more epidemical character.

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#### WILLIAM BROWN,

At his Apothecary store, corner of Washington and Eliot streets, keeps constantly on hand a fresh supply of Medicines, selected expressly for Physicians' and Families' use, including all the English extracts—Conii, Belladonna, Hyoscyami, Taraxaci, &c. Also, all the new Chemical preparations recently introduced. Great care is taken in selecting the choicest of medicines for physicians' prescriptions; not trusting to such articles as rhubarb, ipecac, jalap, aloes, &c., powdered by steam and water power, but having them pulverized fresh from the root, under my own superintendence. The most strict personal attention paid to dispensing physicians' prescriptions. No one permitted to put up prescriptions except those of long experience in the business. Jan. 5—1y

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#### JOSEPH BURNETT,

APOTHECARY (SUCCESSOR TO T. METCALF), No. 33 TREMONT ROW,

OFFERS to Surgeons and Dentists, the best selected assortment of Instruments to be found in the city; consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye, and Cooper's Cases; Scarificators, Catheters, Bongies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypos and Throat Forceps, Tonsil Instruments, &c. &c., of American, English and French manufacture.

Extracting Forceps, of Chevalier's manufacture from Dr. Flagg's patterns, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Pluggers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, common and fine Solder, Spiral Springs, Gold and Tin Foil, MINERAL TEETH, in great variety, (much the largest assortment to be found in New England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

Instruments sharpened and repaired at short notice.

☞ All orders from the country shall receive careful and prompt attention.

Feb. 10.—tf

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#### VACCINE VIRUS.

PHYSICIANS in any section of the United States, can procure ten quills charged with PURE VACCINE VIRUS by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.      WEDNESDAY, APRIL 5, 1848.

No. 10.

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DR. WALLACE'S CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM OF THE EYE.—NO. II.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 174.]

IN the electro-magnetic telegraph, we have, besides the mere conductors, other machinery, by which it is properly adjusted, and without which the instrument would be without value as a means of communication.

The power of directing the eye passes, by the 3d pair of nerves, to the levator palpebræ superioris, the rectus superior, the rectus internus, the rectus inferior, and the obliquus inferior; by the 4th pair to the obliquus superior; and by the 6th, to the rectus externus.

The adjusting power is transmitted to the ciliary processes and iris, by the ciliary nerves, which are about twenty in number. Three or four of these proceed from the nasal branch of the fifth pair, and the remainder in two bundles from the lenticular ganglion, which is formed by a twig from the inferior oblique branch of the 3d pair, and by a filament from the nasal branch of the fifth.

The power of feeling passes by divisions of the ophthalmic branch of the fifth pair, some of which pierce the sclerotica, and others, in the most minute division, proceed from the appendages.

For the nutrition of the organ, branches from the carotid plexus of the sympathetic are intimately united with the third and fifth pair, and with them pass into the orbit. Of the nerves subsidiary to the optic nerve, the third and the fifth pair are by far the most important.

When the second or third nerve is pinched, the pupil contracts; and when either nerve is divided, the pupil becomes dilated. When the optic nerve is divided, if the portion attached to the eye be irritated, the pupil does not contract; but if we irritate the portion attached to the brain, the pupil contracts as if the nerve had not been divided.

From these experiments of Mayo, it is inferred by Mackenzie that the connection between the second and third pair is formed anterior to their termination at the tubercula quadregemina, and that any interruption between this point of communication and that portion of the brain where vision is accomplished, may produce blindness, and yet the motions of the pupil may be unimpaired. The dilated pupil, which accom-

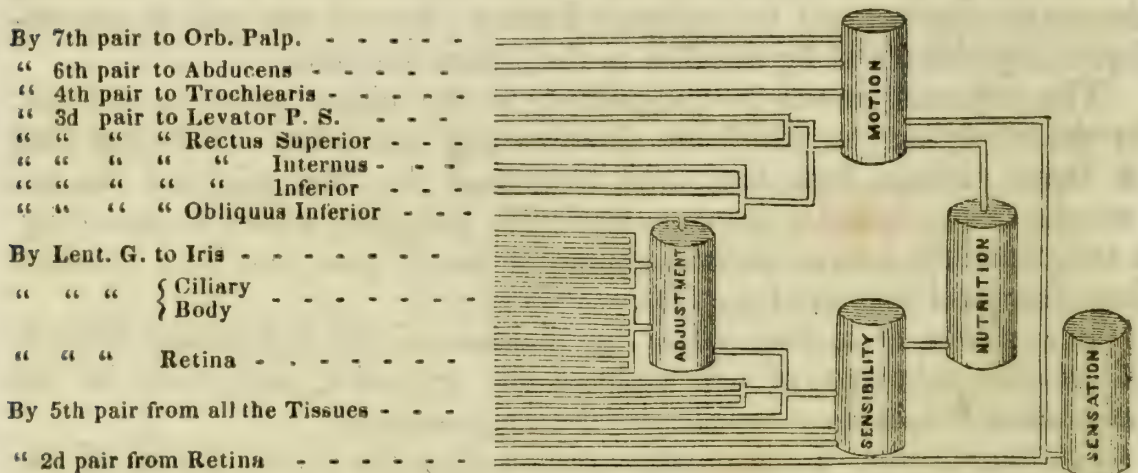


panies amaurosis from affections of the abdominal viscera, may be explained by affections of the branches of the sympathetic, some of which proceed with the third and the fifth pair, indirectly, and others directly, to the lenticular ganglion.

When the trunk of the 5th pair is divided in a dog, the pupil is expanded, and the eye becomes insensible to stimuli. Owing to diminished nutritive power the conjunctiva secretes muco-purulent matter, and the cornea ulcerates and assumes the dull appearance which we observe in the last stages of typhoid fever. It should be observed that in the guinea pig and rabbit, the pupil contracts after division of the fifth pair. In these animals the ciliary nerves are derived from the third pair, without the assistance of the fifth.

When the great sympathetic is divided, there is at first dilatation, and then continued contraction of the pupils; the eye is reddened, pus and tears are secreted, and nutrition is interrupted. When it is divided on both sides, the pupil becomes fixed and expanded. This effect is somewhat analogous to what we find in cases of amaurosis. When one eye only is blind, the motions of the pupil are not generally interrupted; but when both eyes are affected, both pupils are expanded.

The channels of nutrition, direction, feeling, adjustment, and vision, may be illustrated by the following plan:—



This diagram shows that branches from the sympathetic pass to the conductors of motion and sensation; and that a compound power is produced by the union of the latter at the lenticular ganglion, which furnishes the power of adjustment.

For perfect vision, all these powers are depending on each other. Without the power of motion, the organ could not be directed, or adjusted; without feeling, the powers would not act on each other, and the organ could not be protected from danger; without nutrition, the parts would not retain their form; and without vision, the whole apparatus would act in vain.

By the relation of these powers to each other, we see how carious teeth, wounds or cicatrices affecting the nerves of sensibility, occasion impediments to vision, or even total blindness, and how affections of the re-productive system or abdominal viscera have a similar effect.



The Nervous diseases of the eye may be divided into—

I.—*Affections of the Tract of the Second Pair, or*

| ABNORMAL    |                 |                |
|-------------|-----------------|----------------|
| IMPRESSION. | CONVEYANCE.     | PERCEPTION.    |
| Musæ,       | Amblyopia,      | Chrupsia,      |
| Scotomata,  | Diplopia,       | Achromatopsia, |
| Spectra,    | Hemiopia,       | Micropia,      |
| Photopsia,  | V. Defiguratus, | Megalopia,     |
| Amaurosis.  | Amaurosis.      | Amaurosis.     |

II.—*Affections of the Ciliary Nerves, or*

| ABNORMAL ADJUSTMENT. |             |                 |
|----------------------|-------------|-----------------|
| Myopia,              | Presbyopia, | Asthenopia,     |
| Mydriasis,           | Myosis,     | Tremulous Iris. |

III.—*Affections of the 3d, 4th and 6th Pair, or*

| ABNORMAL DIRECTION. |            |              |             |
|---------------------|------------|--------------|-------------|
| Spasm,              | Paralysis, | Oscillation, | Strabismus. |

IV.—*Affections of the 3d and 7th Pair, or*

| ABNORMAL PROTECTION. |                |              |         |
|----------------------|----------------|--------------|---------|
| Blepharospasmus,     | Lagophthalmos, | Nictitation, | Ptoxis. |

V.—*Affections of the 5th Pair, or*

| ABNORMAL FEELING.                                    |              |
|------------------------------------------------------|--------------|
| Neuralgia and Anæsthesia Ciliary, Lachrymal, Facial. | Photophobia. |

A few of these diseases, only, will occupy our attention.

*Abnormal Impression.*—In the normal condition of the eye, vision is perfect. The rays of light are refracted by the humors, and form distinct images on the retina. The images of bodies from without, are alone seen, and they are not obscured by representations which as external objects do not exist. In abnormal vision, the appearance of unreal objects is frequently observed, to account for which there have been many conjectures, such as accumulated or morbid secretions on the cornea, entozoa, lymph, or other imperfectly transparent bodies in the aqueous humor, the liquor Morgagni, the crystalline lens, or the vitreous humor. As the eye is a camera obscura, it is of course subject to the same laws of refraction; and experiments with the latter, may support or contradict asserted causes of phenomena in the former. Filaments or other opaque bodies, even of considerable size, placed before or immediately behind the lens of a camera obscura, form no defined object on the picture; nor are air bubbles or filaments on the glass itself represented. As in the human eye no complaint of musæ is produced by specks on the cornea, filaments from the iris, or floating fragments of the crystalline capsule, we must look for other causes than those just enumerated.

As the retina lies between two serous sacs, we may suppose that shreds of false membrane, or the granules which occasion turbidity in



other serous cavities, may give rise to permanent or floating appearances in the anterior cavity, and that the same causes, as well as projections from the choroid, may have a similar effect in the posterior. The retina has been shown to consist of four laminæ; the abnormal condition of any one of its tissues may therefore occasion abnormal impressions on the neighboring parts, and produce the phenomena in question. The vessels of the innermost coat may be congested, or varicose, and, pressing on the nervous tissue, may send their appearances to the sensorium. Of the fibrous coat, a filament, or filaments, partially paralyzed, may float before the rest, and thus be rendered visible. Some of the granules of the next lamina may leave their position, and floating before it, appear of various sizes, according to the distance they advance.

When, at a distance of twenty feet, I look at the flame of a candle through a powerful magnifier, held at such a distance from the eye that the whole surface of the glass appears illuminated,\* I observe a beautiful mosaic, which rises and falls with respiration, and resembles the granular lamina of the retina under the microscope. On this groundwork I observe several granules more distinct than the first, and following for the most part the motions of the mosaic, yet sometimes allowing it to pass behind them. Besides these I observe several tubulated filaments, waving like threads in the atmosphere. If the eyes become fatigued, a filament resembling a string of transparent beads passes over the mosaic, fluctuates from side to side, and disappears, generally upwards.

From what has been now, and formerly related, it is inferred, that some of the globular spectra are the granules of the lamina exterior to the fibres, and that others are the papillæ; that the straight filaments are the fibres, and that the bead-like or jointed tubes or filaments are the fibres partially paralyzed, and contracted upon themselves. The joint may be in some degree compared to contractions of the intestinal canal. Light uncollected into images being thrown on the membrane in this manner by the glass, the retina having no defined image to transmit, transmits an image of itself, and materially assists in affording a knowledge of its structure. When the papillæ of the fibres are at a distance from the sensitive membrane, they are also exhibited, and if two candles are used in the experiment, double shadows are seen. When any of the granules project from the rest, their forms are represented, and they may appear of various shapes, or even altogether black from deficient nutrition, or, in other words, from the plate not being properly prepared.

The vascular spectrum may be seen by moving a lighted candle up and down, on one side of the line of vision, when the eye is directed steadily forward and there is no additional light in the room. The vessels of the retina, resembling a withered tree on a purple ground, being congested by the active exercise of the iris and retina, press on the nervous structure behind them, which conveys their appearance to the sensorium.

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\* When the glass is held close to the eye, the shadows of the tears and eyelashes are represented. These are not abnormal appearances.



*Irradiation.*—When the image falls on the point of entrance of the optic nerve, the object is not seen, as that portion of the retina is insensible to light. As the fibres are not spread out over this spot, it is inferred that when the retina is in action the conveyance of the image, whether it be light or dark, is effected by the fibres alone, and that when they are not to too great an extent insensible, the insensible spot is not represented, but the ground assumes the appearance of the prevailing objects around it. If we look steadily for some time at a colored slip of paper on a white ground, the paper will disappear when the fibres become fatigued, and it will reappear when after a short repose they have recovered their tone.

*Spectra.*—The more rapid the undulations of light fall in a given time on the plate of the daguerreotype, the sooner is the picture prepared; thus red light, which furnishes a fewer number of undulations in a second, requires a much longer time to make a picture than violet, which furnishes more; and if we had the means of ascertaining the undulations of the chemical rays, it would probably be found that they furnished more undulations in a given time than the violet. When light falls on the retina at certain intervals, the electricity evolved by the decomposition of the nervous matter will be transmitted at similar intervals. All the colors of the rainbow, then, consist of electrical undulations, some of which are more rapid than others.

If we look intently at a red wafer on a sheet of white paper, and then move the eye a little, a green spectrum of the wafer will appear on the paper. If we substitute a green wafer for the red, we will have a red spectrum. A purple wafer yields a yellow spectrum; a yellow wafer, a purple one; and a corresponding result follows the employment of other colors. These phenomena may be explained by supposing partial exudation of the sensitive plate; in consequence of which, unequal undulations proceed from the retina to the brain. When we look at red light, while the remainder of the retina is acted on by all the other colors, the spot on which the impression is made will be less oxidized, and being consequently more rapidly decomposed than the other portions of the sensitive surface, it will yield a comparatively greater number of undulations in a given time than the rest. The sum of the slow or red-producing undulations being deducted, the remaining colors of yellow and red forming green, will proceed from the less oxidized portion of the retina. When in like manner we look at a blue object, the sensitive surface will be more oxidized, and the part becoming exhausted, will yield few undulations. The rapid or blue-producing undulations being deducted, the compound of the remaining colors, or orange, will become visible.

If we cause light to fall through a pane of purple glass, on a sheet of white paper, and cast a shadow on the latter by means of a pencil or other object, the shadow will be yellow. The purple-producing rays falling on the paper are reflected to the retina, and yield that color, but where they are interrupted by the pencil, the white light from the paper furnishes a comparatively greater proportion of yellow light, and conse-



quently the sensation of that color. In a similar manner we may explain how yellow light gives a purple shadow, and red light a green one, and how a skilful salesman makes even an inferiorly-colored silk to look beautiful, by persuading his customer first to examine those silks in which yellow predominates, under the pretext that they are fashionable, or have just come in. The retina being acted upon by one color, is more sensitive to the complementary one; but no prudent shopkeeper will exhibit a yellow before a drab, or a scarlet before a maroon.

*Photopsia.*—By improper preparation of the sensitive plate, from disordered nutrition, the granules may be spontaneously oxidized, and occasion the appearance of flashes of light, even when no light is present. As stretching, concussion or irritation of the optic nerve, e. g., in sudden turning of the eye, sneezing, blows, &c., is followed by the sensation of light, photopsia may be occasioned by the mechanical causes which produce amaurosis.

#### CHLOROFORM IN SURGICAL OPERATIONS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Before this arrives, you will have received the March No. of the *Western Lancet*, containing our report of the death and *post-mortem* examination, in the case of Mrs. Simmons, who took a fatal dose of the chloroform on the 23d of February. From the statements of the dentists, Messrs. Meredith and Sexton, and the two female friends of Mrs. S. who were present, I am induced to believe that death took place within five minutes, if not less, from the commencement of the inhalation. The suggestion of Prof. Simpson was followed in this case, viz., that it is best to put the patient as speedily as possible under the influence of the chloroform.

There was a plenty of this article in the inhaler; a sponge fully saturated with it occupying at least one third of the space in the glass globe of *four and a half* inches in its internal diameter. Mrs. S., a woman of decision of character, began and prosecuted the inhalation fearlessly, and with twelve to fifteen deep inspirations, as estimated by the dentists, had her lungs flooded to suffocation with the vapor. Although the valve, more than half an inch in diameter, for the admission of air, was opened at the first, a large proportion of chloroform could not fail to have sunk into the lungs in the early part of the experiment, and to have made a strong impression upon their functions. The suddenness of the impression and the quantity of the article caused the death. It seems to have been in its effect not unlike the large doses of alcohol, or opium, which prove speedily fatal. A man in London dropped upon the ground, and was in a few moments dead, from drinking a quart of gin at a wager; and in the interior of Ohio, a few years since, a man, under an attack of mania a potu, drank from a large bottle a draught of laudanum, and was dead in five minutes. The state of the blood in Mrs. Simmons's case, *fluid to the last drop of it*, was like that observed



from the sudden action of an overwhelming dose of a narcotic or alcoholic poison, or of electricity in death from lightning.

I cannot help believing that Prof. Simpson's opinion is erroneous, and that, if taken as a guide in the use of chloroform, it will inevitably lead to further disastrous results. I have performed sixteen surgical operations under the influence of this agent, and without a single unpleasant effect in any case. I have been led to give it the preference to ether, from the greater certainty and expeditiousness of its anodyne operation, and from not having observed the degree of prostration and those tormenting and protracted pains which have repeatedly followed the ether, in severe operations, as amputations of the large limbs. In the case of a young man, from the stump of whose thigh I removed a large portion of necrosed bone, the patient slept so soundly during the entire operation, including the dressing, and, by estimation, for ten or twelve minutes afterwards, that neither hallooing in his ear, dashing cold water in his face, nor pinching his skin, made any sensible impression. But his sleep was quiet as that of a child, with the breathing and the pulse natural; and he readily awoke on the application of ammonia to the nose. From this time onward he was quite comfortable, without a symptom which might be attributed to the chloroform.

In a majority of cases I have seen, the pupils have been dilated under the chloroform inhalation. In one case they were well dilated in about *twenty* seconds. It is natural to infer that an agent which can act so suddenly like a powerful narcotic, should be dosed with some caution; and I am in the habit of employing about half a fluid drachm upon a handkerchief, or small piece of sponge, and after the patient has inhaled it, of repeating it until sleepiness or muscular relaxation is produced; and if the surgical operation is protracted, of renewing the dose on signs being given of returning sensibility. In all the cases in which I have operated, the sensibility to pain has been wholly suspended or nearly so; in some few, consciousness has remained during the whole period; and I believe every patient has expressed entire satisfaction in having made the experiment. A man of 48 years, on whom I operated this afternoon in our Hospital, for strangulated congenital hernia, with *two feet* of intestine in the sac, made the following comment, on being removed from the table—"this *caliform* is a grand discovery."

Yours truly,

Cincinnati, Ohio, March 22, 1848.

R. D. MUSSEY.

#### CASE OF A FOREIGN BODY LODGED IN THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 3d of January last, I was called to see a young lad, in this city, about 14 years of age, who, as I was informed, on the Friday preceding, while at school, during recess, being very much engaged in some sports with his mates, had swallowed a piece of charcoal about the size of a bean. From the immediate effects, as described by those



around him at the time, as well as from the subsequent symptoms, I was satisfied that it must have entered the trachea. It appeared he had been in the habit of taking occasionally pieces of charcoal into his mouth, pulverizing them with his teeth, and swallowing the particles made thereby, under the impression that it was favorable to the preservation of the teeth, as well as wholesome to the stomach.

On Saturday and Sunday following, his throat became very sore ; he was seized with violent fits of coughing ; had at times considerable difficulty of respiration, and raised more or less mucus streaked with blood. Sunday night he grew worse, and when I saw him, Monday morning, he had a high fever ; skin hot and dry ; tongue coated ; much thirst ; pulse about 100 ; respiration 28 ; and severe dyspnœa, being greater during expiration than inspiration. He appeared also to have taken a sudden cold, which, connected with this local difficulty, presented marked symptoms of inflammation both of the trachea and bronchi. There were at times the same shrill hoarseness, stridulous respiration and convulsive cough, which generally accompany tracheitis and laryngitis. From the sensations which he described about his throat, I inferred that the piece of coal had changed, by violent fits of coughing, its position in the trachea, two or three times, till it was then resting in the right bronchus. This was evident from the increased soreness and pain, at this point, and rendered still more certain by auscultation—the mucous ronchus being very distinctly heard over this region.

On a careful examination, I was satisfied that the piece of coal was situated too low down for the operation of tracheotomy ; and from the nature of this foreign body, being coal made from hard wood, I concluded that it would neither decay nor dissolve into pieces, by any agencies that could or would be brought in contact with it. The only chance of relief that I could see, was that of throwing or expectorating it up, by means of coughing, and that the case must be treated on the general principles of such inflammations. I accordingly resorted to emetics, venesection, antimonials, mercurials and antiphlogistics generally. The patient continued several days exhibiting about the same symptoms, such as regular fever turns, and, at times, spasmodic fits of coughing, with increasing expectoration, great difficulty of respiration, which seemed to involve principally the right lung. There was not much change in the symptoms till Saturday, when I found the patient altogether relieved. It appeared that early in the morning, during a violent paroxysm of coughing, accompanied with very copious expectoration, he had thrown up the piece of charcoal, producing at the time great irritation of the fauces as well as severe sense of suffocation. The piece of coal when it came up was entirely covered, as the parents said, with a thick coating of phlegm which adhered firmly to it. This must have been coagulable lymph formed around it. The piece of coal, on examination, was found uneven in form, quite hard in texture, and as large as a small chesnut. The fever, cough and dyspnœa immediately subsided, and the patient recovered in the course of a few days.

*Lowell, March, 1848.*

NATHAN ALLEN.



# " THE RELATIONS OF CHEMISTRY TO THE VITAL FORCE."

[Communicated for the Boston Medical and Surgical Journal.]

THIS is the title of an Introductory Lecture lately delivered to the Philadelphia College of Medicine, by D. Pereira Gardner, M.D., Professor of Chemistry and Medical Jurisprudence. The lecture very properly commences, "A few years since, from the midlands of Virginia, within the shadows of the Blue Ridge," at which time the lecturer "sought the city to slake his thirst at the fountains of medical lore." From this poetic introduction the reader will expect considerable of the genuine element throughout the discourse, and he will not be disappointed. The lecturer continues, "Your presence and *objects* recall the companions of those days." It is difficult to understand what "objects" are here alluded to. Thus we have noted the *progress of chemistry* :

"No longer restricted to the art of grinding in a mortar, or making cosmetics and lip salve, it has edged its way into the studies of the physiologist, it has brought new interest into therapeutics and pathology, and well nigh been the death of many a routine doctor practising in the light of a clouded imagination, or in the ray vouchsafed by the phosphorescence of antiquity. *By this advance* it has become unrivalled in the sublimity of its researches."

We should hardly consider *this advance* indicative of much advancement. Possibly, however, *we* may be laboring in the "light of a clouded imagination," or "amid the phosphorescence of antiquity" we may not be able to see through it, and such is indeed the case.

But if we have complained of previous non-advancement, we must assuredly lay aside the complaint after a perusal of the following. Truly the science has made advances. Hearken to their recital.

"Its facts throw a pleasing veil of poetry over familiar things; it tinges the vapors and the waters with brightness; it gives life to the cold clods of the valley; it endows the impalpable with power. [Probably the last word is intended for *powder*—in which case it might mean something]. The fleecy clouds floating in the air, and vanishing when touched by that arch magician the sun, are to the chemist objects of no common interest. The vicissitudes of climate, and of life, are sketched on their aerial expanse; there are mingled the exhalations of the tropic rising from the scorching plains, and the thin distillations of the arctic; *vapors redolent with the sighs of the weary and oppressed, and with the aspirations of the brilliant and ambitious.* The evening wind comes on from distant lands, mingling the air of the sunny South and North; it has traversed strange countries, and journeying onwards has caught up moisture from the forest lake to refresh the thirsting flowers of the mountain side, and now it strays in the ringlets, and breathes on the lips of the disconsolate fair. *Ah! did she know that it bears the last breath of him who loved her—the hero who sank in victory on the plains of Mexico!*"

It is of course to be hoped that the "disconsolate fair" did not know, for if so dreadful a calamity should be thus communicated, Prof. Morse and his magnetism must knock under, to the newly-discovered



chemical properties of the evening wind. Truly this is the age of discovery, and such things may be. We trust in future that the profession will not be considered wanting in the patriotic sentiment, when the mere mention of a new discovery in our science can call forth *such* patriotism from the pen of Dr. Gardner.

"But," continues our eloquent lecturer, "the *thoughts* of the chemist, unlike those of the poet, are *expressions* of realities." This is probably an allusion to some other new chemical discovery of *expressing thought*—perhaps similar to that of solidifying the gases, only more ethereal! We make a few more extracts:—

"That the life of individuals is painfully precarious is readily allowed, but that the aggregate vitality of the globe is *in a state of force and supernatural*, CANNOT BE CONCEIVED; for it is opposed to all experience."

We are free to confess that we cannot conceive the conception or intention of our profound author here.

Our author learnedly informs us that, "Nothing material, no *force of nature*, is capable of annihilation," and then instances, "the heat which cherished the forest oak," "the light which by imperceptible undulations has organized its juices;" "the coal fire which invigorates the body;" "the fine dust of infusorials;" "the pious offering of wheat made by the Egyptian"—all of them, individually and severally, possess a *latent life* which is precisely the same now as it was thousands of years ago, and was precisely the same thousands of years ago as it is now. Such is the erudite and doubtless very correct assertion of our lecturer. We are also informed that the "Capacity of producing life, results from a *certain form* of matter"—the exact "form," however, is not mentioned.

We assure our reader that the above extracts will give him a very feeble idea of the eloquence and erudition of the lecture alluded to—not to say anything of its poetry and patriotism. Our sole object has been to give a taste of its quality, leaving the quantity to be digested in the leisure of our scientific friends. We are sure it will not be necessary to commend it to their attention—the interest and importance of the subject is sufficient of itself—need we add how those qualities are enhanced by the pen and the power of Dr. J. Pereira Gardner?

[NOTE.—By referring to No. 23 of the last volume of this Journal, the reader will perceive that we disagree with the writer of the above review, in our estimate of Dr. Gardner's lecture. It is on the principle of allowing the opinions of others, as well as our own, a place in the Journal, that these criticisms are admitted.—ED.]

#### USE OF ETHER IN MIDWIFERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have recently used the ether in a case of puerperal convulsions previous to delivery. Mrs. M——, aged 46 years, seven months ad-



vanced, first pregnancy, of firm health, was attacked at 12 o'clock, night, without any previous warning, with convulsions. They were of the epileptic character, and recurred very frequently, with scarcely any parturient effort—indeed, it was a question whether pregnancy existed or not. At 10, A. M., I applied the ether on a warm sponge, until she had inhaled an ounce. She had no more convulsions, the parturient effort increased regularly, and at 1, P. M., she was safely delivered of a dead foetus. She had been wholly unconscious from the first fit, and so continued for two days subsequent to delivery.

Whether in this case the convulsions were controlled by the ether, may be doubted. It at least did no harm. In one case of protracted and difficult labor, my patient inhaled four ounces of pure ether without the slightest effect. Calm, and very much desiring and expecting relief from the ether, and being perseveringly and suitably applied, it had no more influence than the same quantity of water. Why? C. J.

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#### ADMINISTRATION OF CHLOROFORM IN CONVULSIONS OF INFANTS.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to see a child, five months of age, who for nearly two hours had been laboring under the most severe and unremitting convulsions that it has ever fell to my lot to witness in an infant. There was a constant spasmodic jerking of the muscles of the arm, together with the diaphragm and abdominal muscles. Respiration was so much impeded, and had been for so long a time, that there was strabismus of both eyes, owing, probably, to the presence of partially arterialized blood in the brain. The surface was growing more and more cold and livid, and a clammy sweat stood out upon the little sufferer's face and temples. As various antispasmodics had been tried without relief to the patient, I decided upon using chloroform. But a few inhalations were made before the eyes rolled up, the spasm of the muscles ceased, the breathing was free and easy; in fact, the child "came out of the fit." The pulse, which had been absent from the wrist, before the administration of chloroform, was perceptible at once, and the surface of the body grew warm. In about three minutes entire consciousness returned, and in a short time the babe nursed.

Means were then adopted for regulating the disordered state of the bowels, upon which the convulsions were probably dependent. No vomiting, and no unpleasant effects whatever, followed the use of chloroform in this case. The nervous system was fortified against it, just as in acute tetanus, patients will bear enormous doses of brandy or opium.

Not having heard of chloroform being administered before in a similar case, I send you the above, thinking that it may not be uninteresting to some of the readers of your Journal.

Yours respectfully,

*Williamstown, Mass., Feb. 20, 1848.*

H. L. SABIN.



## ABETTORS OF QUACKERY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—There is no profession more honorable than that of medicine. The physician who aims to keep up an elevated standard, and who disdains to tamper with the physical prejudices of the credulous, denotes that his early education was above suspicion. A thoroughly-educated physician will very seldom fall from the reputation of an honorable practitioner. He will as soon disavow the presence of the sun by day, or the moon by night, as he will be led into the various delusions of an uneducated medical profession. A thorough knowledge of the healing art indicates to him a character to which the uneducated can never hope to aspire. Were the principles recommended by the last National Medical Convention carried out, we might hope to see the primary education of our young men entering the profession, more thorough, and in a few years very few of our *fellows* fall into the company of that class whose name is “legion.” But so long as we have among us men half educated, there will be a connecting link between the honorable physician and the most veritable quack in the community. The Massachusetts Medical Society, an old and honored institution, has taken high ground ; its object is to elevate an educated profession, and to all such its door is open, free and without price. It establishes annually a strict watch over its six hundred members. But in that body occasionally we find one so recreant to honor, so debased by mammon, that he will suffer himself to be a medium of communication between his honored fellows and the vilest quack, and such men often escape with impunity. Appeal to their honor ? ’tis useless, they have none. It is time, in this age of reforms and discoveries, that a distinct line be drawn between the physician and the quack. Under whatever name he comes, have no communication with him. Never was the physician beset with so much quackery as is now flooding the country. If the community or a part of it are disposed to patronize the *trash*, let them do it at their peril ; but let the voice of an educated profession speak out, and aid it not, either by name or title. The penny press of our large cities deserves the severest rebuke, for the pestiferous influence exerted by its immoral advertisements over the signature of *men* whose moral honesty is frequently brought into suspicion. I am sorry to say, that among many of the clergy of our community there is a disposition to favor the worst of quackery. They certainly are men whose character and profession, above all others, should brand as an evil every moral pollution. Yet they swallow it, they wear it, they believe it, and often practise it. It was through the influence of clergymen that, a few years since, the “Matchless Sanative” was introduced. They were its agents, and through them it obtained a notoriety, and on their heads falls the deception. A minister of the gospel is the last man, above all others, to encourage the use of a nostrum, not only of doubtful efficacy, but injurious, and calculated to do great evil. I contend that every advertised quack medicine is a moral evil, and of no benefit, but vastly injurious. Nature never



intended the stomach to be a receptacle for such poisons. The moral effects of quackery call upon us, as medical men, as ministers of the gospel, as legislators, as a Medical Society of this Commonwealth, and as a community, to exert whatever influence in us lies, to discountenance and expel it in all its forms—and, like *rum*, gin and brandy, may it soon be obliged to hide its head to escape the calls of a vigilant police.

Lowell, March, 1848.

J. P. J.

## DENTISTS AND DENTISTRY.

[Communicated for the Boston Medical and Surgical Journal.]

CREDULITY, since it was first implanted in the breast of mother Eve, and bore fruit to our disgrace, has ever been in the ascendant with man ; until, at the present day, the vaunted promise of speculators, however unfounded in reality, proves sufficient to lure the man of reputed wisdom from the path of reason and duty, oftentimes doing him irreparable injury, without changing his course by the test of experience. But in nothing is imposition more apparent than in the profession of medicine, and its legitimate branches. First and foremost of these, is that of dentistry, which gives employment to persons of every grade of intellect, and acquired ability, rising from asinine astuteness, and intermingling with the various forms of knavery, with the flimsy coloring shadowed forth by irrelative improvements, as “*gold mouth cups, elegantly-furnished apartments,*” and the like ; or discoveries and inventions, as the “*nerve paste,*” “*indestructible pivot,*” and many others, combining magic virtues, which have not the shadow of a foundation, but prove attractive to the morbid taste of public credulity, which is more ready to adopt an uncertainty qualified by a self-written and paid puff of an improvement, than a well-tried and tested certainty ; although there are a few specimens of unappreciated professional merit, who finish the apex of a cone, surmounted by a Flag as the standard of integrity. But by far the greater part are those who live and prey upon the gullibility of persons willing to barter health and comfort for the retention of the slight balance of lucre necessary to insure a faithful operation by a person qualified, both mentally and morally, for the responsibilities of his profession, virtually giving the lie to the approved saying, that “truth is powerful and will prevail.” Indeed there is a mania at present, in city and country, which leads to an implicit reliance in advertisements, let their embellishments be ever so highly wrought with apparent moonshine improvements, which inclines persons almost *en masse* to favor the reputed judgment of an English magistrate, “that of paying forty shillings, and being hung,” as they in the end pay a larger amount than would have been required to have had them well done by a skilful dentist, and lose their teeth as the finale of their niggard imprudence. But aside from the morbid judgment of the people, there is a lack of energy on the part of the medical profession, in protecting and aiding its adjunct branches, also in sustaining its dignity as the guardian of



health, by establishing a protective system that should judge of the ability of each applicant for medical honors, to sustain in an able manner the duty that would devolve upon him when engaged in the practice of any of its branches, and by its sanction afford the public a guarantee of safety, as the competition between some of the colleges of our country leads to a process of quackery almost as abject as that having its origin with Thomson. Such a system should also bring more immediately under its control the practice of dentistry, and by elevating its requirements to their proper standard, by a just estimate of the importance that should be attached to the functions of the teeth, which aside from the claims of beauty and freedom from suffering, hold from youth upwards a powerful influence over bodily health. Yours respectfully,

March, 1848.

S. E. R.

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#### CASE OF POISONING WITH SESQUICHLORIDE OF ANTIMONY.

REPORTED BY WEEDEN COOKE, ESQ., RESIDENT SURGEON, ROYAL FREE HOSPITAL.

W. H——, aged 41, a pot-man at a public house, of habits corresponding to his calling, had been drinking rather more than usual for a week, when he locked himself in his room and swallowed an ounce of the butter or sesquichloride of antimony. He immediately experienced a burning sensation in the mouth and fauces, and very soon became insensible; he remained so for half an hour before he was discovered; he was then taken to a surgeon in the neighborhood, who used the stomach-pump, and in an hour after he had taken the poison he was brought to the Hospital, apparently moribund. This was at 4, P. M., April 23d, 1847. The surface of the body was cold and clammy; eyes lustreless, with inactive pupils; the pulse was so small that it was only by the most delicate fingering it could be perceived; and the expansion of the chest so very slight that respiration appeared indeed to be suspended. In this condition it was quite hopeless to expect any effort at deglutition. External stimulants, such as the application of the strong liquor ammonia to the nostrils, tickling the same with a feather, and cold affusion to the head, were applied with marked benefit; the apparently dead was re-animated; in ten minutes he swallowed some tincture of bark, diluted with strong green tea, and this was repeated at short intervals for an hour, during which period he vomited some undigested food three or four times. The heart gradually recovered its nearly-suspended action, the pulse again yielded its regular and beautiful undulations, the pallor and coldness of the surface was changed (although very gradually, and after he had been some time between blankets) to a genial warmth, and the blank meaningless eye, that had abdicated its function, began to exhibit some perception. But so utterly prostrated was he for several hours, that although the brain had evidently recovered some of its powers, he had not the ability to expel air with sufficient force



through his larynx to express himself in language. The vomiting was slight, and did not continue after the first two hours.

April 24th.—He slept during the evening and night, and the green tea was continued at intervals; towards the morning he began to complain of severe pain and burning in the throat and abdomen. He has passed water, but the bowels have not been relieved. The tongue and mouth are not affected, but the fauces is considerably inflamed; pulse 78, small, rather hard; tongue dry in the centre; some tenderness over the whole of the abdomen; no sickness. Ordered farinaceous food, with milk, a dose of castor oil, and a grain of calomel, with a quarter of a grain of opium, every four hours; fomentations to the abdomen. He became restless, and the tenderness increased; the pulse got up to 105, hard, until the oil operated freely, when all the symptoms were relieved. Subsequently he continued to improve daily; the gums were very slightly touched by the calomel, all tenderness of abdomen ceased, and after taking some bark and acid, and good nourishing food, for a few days, he went out of the Hospital on the 3d of May, quite well.

*Remarks.*—This case derives its interest principally from its rarity, there being but four cases on record, of poisoning from this substance—one quoted by Orfila, from Borrichius, in which a few strong doses of the sesquichloride of antimony were taken by a naval surgeon, for gout. He was quickly salivated; purged "*par haut et par bas*;" collapsed; pulse imperceptible; dyspnœa; but sensible until he died. The other three cases are to be found in "*Taylor's Jurisprudence*;" two of them recovered; in both these, the poison was administered by mistake. In the third case, from two to three ounces of the corrosive liquid were taken by an army surgeon, for the purpose of suicide; he died in ten hours and a half. All these cases resemble, more or less, the one now recorded. The treatment is not given in either of them, but there is no doubt that, as in poisoning by the other salts of antimony, bark is the proper antidote.—*London Lancet.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 5, 1848.

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*Infirmary for Sick Children.*—Within the circle of benevolent institutions, in this or other countries, there cannot be found a parallel to the one in the city of Boston organized expressly for poor, destitute, sick children, supported wholly by one individual, at an annual expense of about five thousand dollars. The facts in regard to this extraordinary charity, are substantially these. Amos Lawrence, Esq., a man whom God has blessed with a great fortune, and, also, what is far better, a great heart, and a sympathizing nature, rents a large estate on Washington street, which was admirably fitted up, about two years ago, for an infirmary for sick children.



It is liberally furnished with whatever is necessary for their personal comfort and convenience, including a bathing establishment and even a play-ground. The apartments are pleasant, well warmed in winter, and airy in summer. The matron, nurses and servants, including every farthing of the expense, to the daily marketing, from the beginning of a year to its termination, is paid wholly by Mr. Lawrence. Finally, to complete this unique and very excellent hospital, his son, Wm. R. Lawrence, M.D., the physician of the institution, gives to it a devoted attention, which excites the admiration of all who honor the Christian sentiment that animates him in the punctual discharge of his daily ministrations. This, then, is truly a charity which is not puffed up, and which vaunteth not itself. It seeks no great names upon a circular, to give it importance, carries no contribution box into the church, makes no appeals to the pockets of the benevolently disposed, nor in any way seeks the applause of men. Quietly, without ostentation, without parade, but with a steady purpose, it feeds the hungry, clothes the naked, nurses the sick, and takes care of helpless little children! This is charity indeed, and of which our favored city, aye, and the world, may be proud.

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*Education of Idiots.*—A report has been made to the Massachusetts Legislature, now in session, in regard to the number and condition of idiots in the commonwealth. It is drawn up by Dr. S. G. Howe, who is identified with the history of the education of the blind in Boston. Having procured facts of a startling kind in regard to this long-neglected class of unfortunate beings, he now pleads fervently for them, fully believing that many of them may be raised from near the condition of brutes, to participate in the decencies and elementary educational advantages of society. We heard him, in addition to the plea already published, plead the case of these outcasts, last week, before a committee, and the hope is strongly indulged that the doctor's voice will be heard, in full force, till provision is made for these poor, forgotten creatures, whose hold is so slight upon the sympathies of this part of christendom, that no one among us has ever before thought of bettering their intellectual condition.

Dr. Howe proposes that an annual appropriation of two thousand dollars should be expended in the experiment of developing the physical and moral powers of ten or a dozen idiots, and on the results of the success, after a fair trial, should depend the further attempt to elevate, as far as practicable, all that should be selected, not too low in the mental scale, for hopeful culture. Massachusetts provides liberally for the blind, deaf and dumb, and extends her charities, with a liberal hand, to the feeding and clothing of seven thousand foreign paupers, and yet suffers these helpless idiots to live like vegetables, unconscious of existence, and to go down to the grave, without attempting their intellectual and moral development.

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*Apothecary Shops.*—A perceptible improvement is making in the retail medicine stores of Boston. They are, at this period, distinguished for neatness, richness of furniture, and, above all, for a thorough exactness in labeling their drugs, so that a mistake rarely occurs. Mr. J. George Whitwell, corner of Eliot and Tremont streets, has opened a pattern store, and from his good reputation both as a citizen and a druggist, and the ability with which the establishment is conducted, we recommend him to the patronage



of the physicians of the city. If merit has a claim, those who strive to fulfil the duties of their calling with a conscientious regard to the well-being of the community, are entitled to consideration.

Mr. Fowle's shop, in Prince st.; White & Ferguson's, and Mr. Brown's, Washington street; White's, corner of Bulfinch street; and Mr. Thayer's, under the Revere House, to say nothing of the larger establishments to which we have so often referred, are decidedly elegant and well-ordered medicine depots.

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*Tarrant's Seltzer Aperient.*—Dr. Dexter, of New York, has called medical attention to what he considers a valuable effervescing aperient, prepared by Mr. James Tarrant, a druggist of that city. It is considered a successful imitation of the Seltzer Spring, in Germany, with certain chemical additions to increase its efficacy in indigestion, bilious affections, &c. It seems not to have been introduced into Boston, where the diseases for which the article is strongly recommended, abound.

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*Braithwaite's Retrospect.*—As the objects and character of this semi-annual publication are extensively known, it would be a waste of time to recount them. Part the *sixteenth*, of the American uniform edition, from the press of Mr. Daniel Adee, Fulton street, New York, is charged with an excellent variety, as important and worthy of the examination of practitioners as that in any of the previous numbers. Practical Medicine, Surgery, and Midwifery, are faithfully and fully displayed in this, as in the preceding parts, followed by an interesting addenda. It comprises 371 octavo pages, and is sold for seventy-five cents! As each number makes a volume, perfect in itself, no apprehensions need be entertained that it will, like Copland's Dictionary, ever come to an incomplete finale.

Mr. Wiley, State street, is the agent for Boston—to whom gentlemen in the country may send their orders.

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*University of Louisville, Ky.*—Four hundred and six students were catalogued at the Medical School, the present season. Where so many have an origin, and where they are to go, when medically educated, is a question in some minds, but perhaps not among those who have fully examined the capacity, resources and wants of the new settlements at the West. "Since the termination of the last session," the Faculty say, "a liberal appropriation has been made out of the funds of the institution, for the purchase of additional books and apparatus, which have been placed in the Library, Museum, and Laboratory; and through the enlightened policy of the trustees, similar additions will continue to be made annually hereafter. The Faculty have good reasons to entertain the hope, that before the commencement of another session, satisfactory arrangements will be made with the city council for the admission of the pupils of the University to the advantages of the Louisville Marine Hospital; and that, in the course of the season, a comfortable and commodious edifice will be erected, convenient to the hospital, for the purposes of Clinical Lectures, Surgical operations, and Autopsic examinations."



*Chicago Insane Retreat.*—A private institution, under the immediate supervision of Edward Mead, M.D., appears to have been brought into successful operation at Chicago. The first patient was admitted last August, and now there are fifteen. Excellent accommodations are provided, on the borders of the lake, in a remote, quiet section of the city. Improvements are constantly in progress, and it is reasonable to believe that the institution will grow in magnitude and public favor, in proportion to its utility. The State would do itself honor by making the most ample provision for its support.

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*New York College of Pharmacy.*—Dr. J. F. Holton has been appointed Professor of Botany in the above institution, and is soon to commence a course of lectures. This is mentioned as the first exclusive professorship of that science established in the Union.

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*Artificial Petrification.*—Dr. Sylvester, an Italian, and an eminent chemist, it is said, has discovered a mode of hardening the human body to the consistency of stone or marble, which he is about to exhibit in London. "His specimens have excited great astonishment. One was the head of a lady, with the hair parted and dressed, retaining its flexible properties and colors, although the surface from which it grew resembled stone—somewhat like a wax model; also a child's head, plump and dimpled as in life, and a tongue petrified, as if it had never uttered a sound. The petrifying process is said to be simple and cheap. A bouquet of choice flowers—the juices first extracted by a pneumatic process—preserved their natural colors, but were as hard and rigid as if some cunning workman had carved them from Persian marble; for not only the leaves and petals were rendered stone-like, but the minute hair-formed stems were rendered coralline." Whether this will turn out to be anything more than many other "wonderful discoveries," which are never heard of after their first announcement, time only will determine.

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*The Former Condition of Lunatics.*—"When Bethlem Hospital was examined in 1816, 'female as well as male patients were chained to the walls, covered only with a blanket formed into something like a gown. One man (Norris, whose case is well known) was kept confined in chains for fourteen years, without the smallest interval of liberty. Stout iron rings were riveted round his arms, body and neck, the latter being made to slide upwards and downwards on a massive iron bar inserted in the wall. And he was placed under the care of a keeper who was almost constantly drunk, but who nevertheless retained his situation several years. Patients were liable to be chained, not merely for safe custody, but as a punishment. It would appear from the evidence that little or no medicine, with the exception of a certain 'powder,' was administered to the patients, 122 in number, and that the medical attendant did not reside in the Hospital, but came once a-day for an hour. The system of treatment consisted of bleeding, purging and vomiting in the spring months. A certain day was appointed on which the patients were bled, another when they were purged, another when they were vomited. They were bled in May, and again in June: the precise time depended on the weather. All this had been in



practice for many years. The patients were once for ten years left to the care of a surgeon, who was 'generally insane and mostly drunk.'—*Journal of Psychological Medicine*.

*Paralysis produced by Arsenic.*—Dr. Clark related to the New York Medical and Surgical Society, the case of a young woman who, five months ago, took arsenic for the purpose of self-destruction. According to her own account she purchased sixpence worth, amounting to three table-spoonfuls, all of which she took. This was about 11, P. M. Warm water was given her, and vomiting produced. At 3, A. M., she was taken to the New York Hospital, where the stomach pump was used, the hydrated sesquioxide of iron having probably been previously administered. She had afterwards some fever, but gradually became better. Eight days after taking the arsenic she was seized with severe pains in the upper and lower extremities. The parts were swollen, but neither red nor hot. Three days after this she lost almost entirely power over her extremities; she has since continued bed-ridden, and is now at Bellevue. She can move her arms freely, and can close and open her hands, but with no force. The feet are still paralyzed, but she can bend the knees.—*Annalist*.

*Mortality of Medical Practitioners in Ireland from Fever.*—It is with deep regret that we notice the ravages which fever continues to make in the ranks of our medical brethren in Ireland. Scarcely a week passes without the loss of three or four district medical officers from this cause being announced in the Dublin Medical Press. During the late epidemic, of twenty-seven physicians attached to fever hospitals and districts in the province of Ulster, attacked with fever in the discharge of their duties, fourteen, or more than half, died, leaving nine widows and thirty-seven children, for the most part but scantily or not at all provided for. These gentlemen have fallen a sacrifice in the faithful discharge of duties entrusted to them by the public, in the endeavor to restore health to the sick, and administer assistance to the dying—surely their families are at least as much entitled to a provision at the hands of the Government, as those of any other class of public servants.—*Provincial Medical Journal*.

*New Books in London.*—Dysphonia Clericorum; or Clergyman's Sore Throat. By James Mackness, M.D., &c.—A Dictionary of Practical Medicine, &c. By James Copland, M.D., F.R.S. Part. XII.

TO CORRESPONDENTS.—An account of Wilcox's Improved Co-apter and Splints has been received, and will be inserted in an early number.

DIED,—In Mayville. N. Y., Dr. Jedediah Pendergrast, 82.—In New York, Dr. Elam Bliss, 68.—At Astoria, Long Island, near N. Y., John P. Conner, M.D., 28.

*Report of Deaths in Boston*—for the week ending April 1st, 52.—Males, 24—females, 28.—Stillborn, 7. Of consumption, 10—typhus fever, 3—lung fever, 4—scarlet fever, 1—murdered, 1—inflammation of the bowels, 2—dysentery, 1—infantile, 9—teething, 1—marasmus, 1—pleurisy, 2—disease of the spine, 1—disease of the heart, 1—throat distemper, 2—dropsy, 1—dropsy on the brain, 2—convulsions, 1—child-bed, 1—canker, 1—cancer, 1—old age, 1—drowned, 1—disease of the bowels, 1—croup, 2—disease of the liver, 1.

Under 5 years, 24—between 5 and 20 years, 5—between 20 and 40 years, 11—between 40 and 60 years, 6—over 60 years, 6.



*Medical Miscellany.*—Mr. Orfila, the celebrated writer on poisons, has been superseded in his office of *Doyen* (Dean) of the Faculty of Medicine, in Paris.—From a list kept at the lunatic asylum at Utica, of the number of suicides in New York, they appear yearly to be on the increase. In 1845, there were 54; in 1846, 64; and in 1847, 106.—An affray occurred in Nelson Co., Va., on the 19th ult., between Dr. James W. Hopkins and R. L. Taliaferro, which resulted in the death of the latter gentleman. Dr. H., against whom the coroner's inquest rendered a verdict of wilful murder, escaped.—The *Allegemine Zeitung* brings the most distressing accounts from Silesia. Famine and disease prevail to a fearful extent, and the accounts given by that journal surpass even the heart-rending statements during the late distress in Ireland.—One hundred and ten hogsheads of wine, found in the cellars of Neuilly, belonging to the king, were removed to Paris and distributed to the hospitals. The palace of the dethroned king of France has been converted into a hospital for the reception of those wounded in the commencement of the revolution.—A letter from St. Petersburg, of the 7th of February, states that the cholera had disappeared from the provinces of Pensa, Woronesch, Toula and Taurida, and from Cherson and the neighborhood. In the provinces Nenij-Novogorod, Koursk, and Kiew, the malady had not made any fresh progress; while in those of Podolia, Volbrynja and Minsk, it had become more intense.—A French surgeon at Guadaloupe, where intermittent and other tropical fevers are common, has discovered that the bark of the *Andersonia digitata* may be used instead of quinine, and that it is even more efficacious than the latter expensive medicine.—A Russian paper states, that in Moscow there is now living a lady who is in her 168th year, and who was married to her fifth husband when she was 121 years old.—Died, at Coburg, Canada, 11th inst., Thomas York, a colored man, aged about 104 or 105 years.—There is a girl in Carroll county, Md., who weighs 413 pounds.—Dr. Coolidge, who was convicted of murder, in Maine, is about 27 years of age, of very genteel form, dark hair, rather pleasant countenance, small dark eyes, somewhat sunken and very restless, no whiskers, and scarcely any beard, forehead not high, and temples pinched in; mouth decently well formed, nose rather thin, but finely chiselled, face narrow, and expression mild, denoting rather sweetness of temper than depravity of heart. He has not the look of a murderer, neither has he the appearance of much genius or talent. His face and form look as if he might have been a ladies' man. And this quality, no doubt, carried him along in his profession more successfully than any deep science or great skill.

#### DENTISTS AND SURGEONS,

In want of pure Chloroform, can depend upon finding an article that can be relied upon, by calling at the store of the subscribers, who are always supplied with such as has been tested in hundreds of cases, with unalloyed success.

BREWERS, STEVENS & CUSHING,

m29—3t

Wholesale Druggists, Nos. 90 and 92 Washington street.

#### ELECTRICAL ROOMS, 19 TEMPLE PLACE.—Boston, Jan. 1, 1848.

AVOIDING newspaper notoriety, still, I may be allowed, through the Journal, to "define my position." It is, to make Electrical Treatment, in all available cases, auxiliary to the regular Profession. I assume not the title of "Doctor," as it does not legitimately belong to me, and only receive it from my medical friends and others, as a matter of courtesy or convenience. I have no fellowship with boasting medical reformers, nor with quackery in any of its forms, and I must confess that even Electricity is not an infallible remedy for all the ills of life. This will be seen in my Report of Dec. 1, 1847, to which I would respectfully refer the Profession, as presenting useful data with regard to this agent. The Report shows the results of my practice in this city for three years and three months. It embraces 1174 patients, presenting 1760 cases, and 70 classes of complaints, with the average amount of treatment in each class. I am impressed with gratitude to a large number of the Profession in this city and elsewhere, for their kindness and confidence, and will endeavor not to abuse it. Many of my medical friends have found that patients, under electrical influence, have exhibited an increased susceptibility to medicine, and consequently have had more rapid recovery under the combined treatment. My improved apparatus for the development and combination of Electricity, Galvanism and Magnetism, in a peculiarly modified form, makes its judicious administration, safe, agreeable, and unexceptionable, under any circumstances. Although too complicated and unwieldy to be portable, these improvements are invaluable to me for house patients. While observation in various quarters proves that an agent so powerful as Electricity cannot, in any form, be tampered with as a *family medicine*, nor by careless and inexperienced empirics, still, its judicious employment may often be of essential service, in connection with the medical skill of the family physician. Its injudicious use may aggravate a complaint, or arouse and develop some latent disease, requiring still more intelligent attention for its alleviation. It is therefore desirable that the Electrician may possess sufficient knowledge of these occasional phenomena, and the proper course of electrical treatment, not only to render these developments harmless, but cause them, aided by the intelligent physician, to subserve a beneficial purpose. The experience of all observing electricians must convince them that great caution and judgment are indispensable in managing complicated chronic cases, and make them feel the necessity of acting under the information and with the advice of the family physician; and therefore, the true and most honorable position for an Electrician is, an unassuming auxiliary to the medical profession.

Dec. 28—tf

JOHN B. CROSS, *Medical Electrician.*



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.      WEDNESDAY, APRIL 12, 1848.      No. 11.

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A CARD.—Our readers will remember that in this Journal, of 23d of February last, was published an extract from a letter of a “New York Correspondent,” reflecting in gross terms on a Professor in one of the medical colleges in New York. A communication from the Professor alluded to, Professor G. S. Bedford, of the New York University, has since appeared in our columns; and we are satisfied that the charges are unfounded, calumnious, and dictated by malice. We take this occasion to express to Dr. Bedford and his friends, and to the readers of this Journal generally the deep regret we feel that such atrocious and false allegations against an honorable member of the profession should have appeared in our columns. Hereafter, we shall be more scrupulous with regard to such matters; and, in the mean time, we request as an act of simple justice that any journal which may have copied the “*extract*” will publish this card, which we trust will be considered a sufficient apology by Prof. Bedford, and his friends. We here give the name of the author, viz., Edward H. Dickson, M.D., New York.

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DR. WALLACE'S CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM OF THE EYE.—NO. III.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 194.]

*Amaurosis.*

THE impediments previously mentioned do not, in general, seriously interfere with the operation of the telegraph, yet there are others which materially derange its utility, or destroy its action altogether. Almost all the impediments to vision from nervous derangement have been called amaurosis, which may be defined a partial or total interruption of the optic telegraph. Amaurotic affections may arise from derangement of the keys of the instrument, from interruption of the chain of communication by the conductors, or from imperfection at their terminations in the brain. Should any cause occasion a difference of conducting power, a double image will be seen (*diplopia*). By interruption of individual fibres, or bundles of fibres, in one part of their course, objects may appear disfigured or distorted (*visus defiguratus*); and in another, the half of an object only may be represented (*hemioopia*). By some peculiarity



of termination, objects may appear larger (megalopia), or smaller (micropia), than they really are.

The causes of the interruption of telegraphic communication are, injury, pressure, excitement, or exhaustion of the telegraph directly, or indirectly, or through the medium of other nerves.

1. *Injury*.—The retina may be injured chemically by exposure to the sun, as by looking at an eclipse, or at the ground when covered with snow. In the language of daguerreotype artists, the plate may be burned. As, in other portions of the body, alteration of structure follows cessation of function; long abode in the dark, or the long existence of cataract, may be followed by increased or diminished susceptibility to the operation of light. The contact of pus, or other abnormal matter, may corrode the retina, and render it unfit for its functions.

The retina may be injured mechanically, by blows on the eye or its neighborhood. Concussion may derange the entire telegraph, or the retina may be wounded, or detached from its connections, and the consequent effusion of blood may, by pressure or chemical contact, so alter the delicate membrane, that its functions may never afterwards be restored. The conductors or the termination may be torn, or divided, by a foreign body, or by a fractured bone, or the parts may be injured by incessant application.

2. *Pressure*. (a) *By dilatation of vessels*.—Dilatation of the vessels by inflammation, congestion, or varicosity, may, by the pressure thus occasioned, prevent the action of the instrument. Even in a common cold, the congestion of the orbital tissues causes a halo round a lighted candle, and other symptoms of disturbed conveyance. Varicosity or aneurism of the vascular membrane or choroid, or any of the vessels along the course of the entire organ, will interfere with the function of vision. (b) *Effusion* subsclerotic, subchoroid, or vitreous dropsy, dropsy of the sheath of the nerve, hydrocephalus, the effusion of coagulable lymph, pus or blood, will in like manner impede or destroy the perception of external objects. (c) *Foreign bodies*. Percussion caps, or other foreign bodies, are sometimes forced into the eye, and cause pressure and irritation. When the crystalline lens is forced from its connections, it acts as other foreign bodies. (d) *Alteration of structure*. The formation of false membranes, ramollissement, induration, ulcers, gouty or other concretions, scrofulous tubercles, cysts, tumors, exostosis, watery vesicles, hydatids, entozoa, neuromata, melanosis, fungus hæmatodes, &c., will interfere with impression, conveyance or perception.

3. *Excitement*. Emotions of the mind, as joy, sorrow, or rage, sometimes occasion blindness. The retina in the Spaniard or Portuguese glows, like that of an animal furnished with a tapetum, when they are excited. In pleasing emotions the eye is lively; whereas it is inactive and dull, during sorrow and care. The excitement produced by alcoholic drinks, tobacco, coffee, and other poisons, is a frequent source of partial or total loss of vision.

4. *Exhaustion*. By defective nourishment, hæmorrhage, protracted lactation, chronic diarrhœa, or adynamic fever, the supply of blood to the



brain is diminished, and the eye is deprived of its usual vitality. Diminished action of the heart, prussic acid, digitalis, and other medicines which enfeeble the circulation, have a similar effect.

*Interruption of communication from diseases of other nerves.*—It has been already mentioned that division of the 5th pair within the cranium causes blindness; we may consequently infer, that conditions similar to those affecting the second pair, will be followed by similar results. Wounds of the frontal or supra-orbitary nerve are a frequent source of amaurosis. The irritation of foreign bodies in the branches of the fifth pair, carious teeth, necrosis, or cancer of the maxillary bones, have all been followed by loss of sight.

From the distribution of the nerves of nutrition to the eye, and the consequences of their division, we learn how affections of the abdominal viscera affect vision. Worms in the intestines, diseases or abuse of the re-productive organs, morbid conditions of the liver, stomach, &c., are perhaps the most frequent causes of amaurosis.

*Symptoms.*—Although the symptoms of amaurosis are for the most part subjective, and, either with or without scotomata, and photopsia, consist of partial or total loss of sight, without opacity of the refractive media, the complaint may be recognized by the peculiar appearance of the iris, which is almost always dull in its motions, and contracted or distorted in form; the conjunctiva traversed with vessels of a peculiar hue, between that of arterial and venous blood, the vacant look, the pale countenance, and the peculiar gait.

*Diagnosis.*—Long before the catoptric test was heard of, I was in the habit of examining patients with a magic lantern, either in a dark room, or under an umbrella with a curtain round the margin, and was enabled to recognize cases of cataracta pigmentosa, closure of the pupil, &c., which had previously been treated as amaurotic affections. With the magic lantern, unaffected by adventitious light, not only may any opacity of the humors be detected, but opaque spots may sometimes be seen on the retina.

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THE IMPROVED CO-APTER AND SPLINTS, INVENTED AND PATENTED BY O. D. WILCOX.

[Communicated for the Boston Medical and Surgical Journal.]

THINKING that the instruments by which co-aptation of fractures and dislocations is effected and maintained, might be improved, and at the same time their cost reduced nearly one half, also that there was a call for such improvement, and that they would readily meet the approbation and encouragement of the profession, I have endeavored to effect such improvement, and with the information which I have received from professors of surgery concerning their requirements and indications, and other important suggestions, I have been able to accomplish my designs. All agree that an instrument by which we can produce extension, coun-

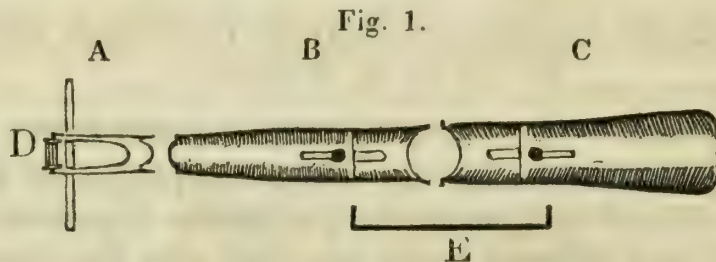


ter-extension and transverse-extension, but which shall in no way interfere with each other, or with the motion of the limb, will have great advantages over means which make extension between two fixed points. I am aware of this being the design of the instrument invented and patented by George O. Jarvis, M.D. But there appear to be objections to that instrument. It is not well applied to the hip and shoulder, the dislocations of which are the most important, besides its being too complicated, which makes it difficult to apply, and which also gives it so high a price that but few are willing to purchase it. I have seen it fail on the shoulder, in the hands of one of the most skilful operators. The cause of failure appeared to be the want of support to the scapula. As the shoulder was some swollen, it was impossible to fix or give much support to the scapula with that instrument. With the co-apter these objections are remedied, as its price, and the description of its construction and use will show.

There are now in use several kinds of double inclined planes and splints for the leg and arm, some of which possess one important advantage and some another. By the following figures and description of my splints, it will be found that they have the advantages of all others combined, besides other important improvements. They are made of sheet iron, and well japanned; they are formed in a press between two iron dies, and as great pains have been taken in giving these dies the right form, they give an excellent form and fit to all the splints and planes.

The advantages of metal splints are these: they are much more durable, as they are not liable to get broken or split; and when japanned, will not be affected by the washes that may be applied to the limb. They are not as heavy, and do not take up so much room as the wooden ones. The double inclined planes can be taken in pieces and packed, or used as separate splints, and with the dies and press which we have alluded to, they can be made with little more than half the expense of others.

*Fig. 1.*—The double inclined plane, in three pieces, as they will be found in the cases. A, foot piece; B, lower portion or splint for the

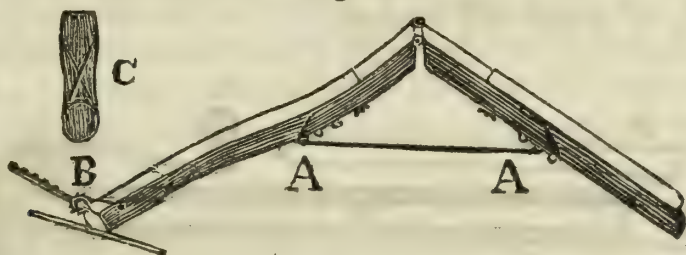


leg; C, upper portion or splint for the thigh; D, cylinder or windlass; E, rod, with hooks on each end to support the plane at different angles. The edges of the planes are rolled around large wires, which improves their appearance, and renders them quite strong; these wires form the hinges at the knee, the dowels by which the foot pieces are put on at the ankle, and the bearings on which the cylinder turns.



*Fig. 2.*—One of the planes put together. A A, loops to which the rod running from A A may be hooked to retain the plane at different an-

Fig. 2.



gles; B, cylinder, ratchet wheel, catch and lever, for making and retaining extension. The extension may be retained by the catch and ratchet wheel, or by attaching a weight to the lever, as the case may require. Each portion of the plane can be varied in length, so as to suit different patients, and retained at the required length by the thumb-nuts over A A; C, a fracture shoe, which is applied to the foot similarly to a skate, and fastened to the plane by passing a tape over its bottom through the holes in the cylinder, and tying the ends together. If the foot-piece is not needed on, it may be removed, as seen in fig. 1; or if the splint is wanted for the knee, as in ankylosis, necrosis, and other diseases and injuries of that joint, the thumb-screws over A A, fig. 2, may be removed, and the lower half of the upper and lower portions slipped off, which will leave an excellent splint for that place. As the angle of this can be varied and sustained at different degrees, it has an important advantage over the carved ones.

Fig. 3.

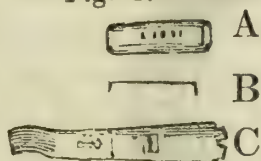


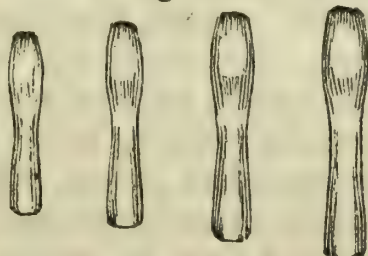
Fig. 4.



*Fig. 3.*—One of the arm splints, in two pieces, as they will be found in the cases. A, the upper portion; B, a rod for sustaining the angle; C, the lower portion, which has two joints, one of which holds it obliquely for the right arm, the other for the left, and the length can be varied to fit different patients, or crooked so as to fit either arm, and fastened by the thumb-nut.

*Fig. 4* is put together for the left arm.

Fig. 5.



*Fig. 5.*—The spoon splints for the wrist and hand. These will be found an excellent fit for the back of the hand and fore-arm, and are not



only adapted to fractures, but will be quite handy in cases of wounds in the hand and wrist, where it is necessary to keep them in a fixed position.

In addition to these, there will be found in each case the straight splints, which are made of wood and leather.

Fig. 6.

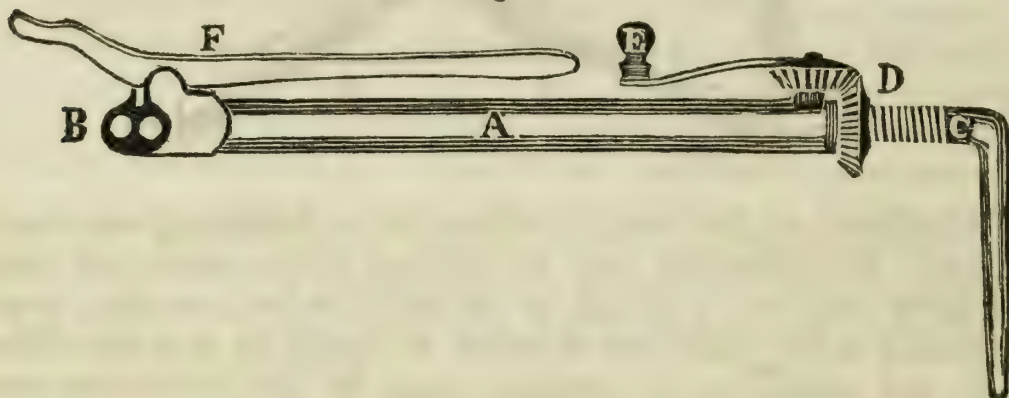


Fig. 7.

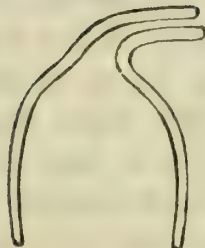


Fig. 8.

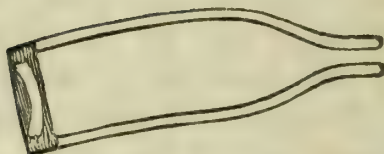
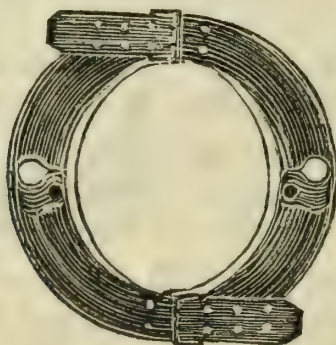


Fig. 9.



*Fig. 6.*—The co-apter. A, brass barrel or tube, which is thirteen inches long and seven eighths of an inch in diameter, with a five eighth of an inch bore in it, in which is the extending bar ; B, socket for the counter-extending braces ; C, a screw which forms the extending bar ; D, mitre gears, one of which acts as a nut on the screw, the other turns on a pivot which is made on the side of the barrel ; E, a crank, which is made fast to the side gear. By turning this crank, the gear which acts as a nut on the screw is turned, and the screw forced out with a hundred-fold power ; F, a lever for applying transverse power.

*Fig. 7.*—The counter-extending braces, which are used in all cases except in making longitudinal extension on the femur. For the want of a better name, we have called them the braces. They are fitted to the socket B, and as each one has a round socket, they may be opened so as to fit the required size.



*Fig. 8.*—Counter-extending brace for the hip, which is also fitted to the socket B.

*Fig 9.*—A collar for the shoulder. It has loop, on each side (into which the shoulder braces are to be set), and buckles at the top and bottom, by which its size may be varied so as to fit different patients.

There will also be found, in each case, belts, straps and cords, sufficient for all applications.

For a dislocation of the shoulder, the co-apter is applied over the arm ; the counter-extension is taken at the centre of motion, from the collar, which is placed on around the shoulder ; the extension, from a belt which is buckled around the arm just above the elbow, and tied to the extending bar ; and the transverse-extension, by a strap which is passed under the arm and over the end of the lever. As the counter-extension is taken from the centre of motion, the arm may be freely moved without affecting either the extension, counter-extension or transverse-extension, and the collar prevents all motion of the scapula.

For a dislocation of the hip, the co-apter is applied on the outside of the limb, with the hip brace, which rests high on the dorsum of the ileum ; the counter-extension is taken by passing a strap under the perineum and over the upper angle of the brace. (This leaves the counter-extending strap to draw in the same direction as when applied with the pulleys.) The extension is from a belt which is buckled around the limb just above the knee, and tied with strong cords to the extending bar ; and the transverse-extension, from a strap which passes under the thigh and over the end of the lever. Here, as before, we have extension, counter-extension, and transverse-extension, without in any way interfering with each other or with the motions of the limb, and as powerful as the operator may see fit to apply.

This instrument is equally well applied to all other dislocations and fractures. It may be effectually used to keep up extension, in cases of fractures of the neck and oblique fractures of the shaft of the femur ; and as it is used on the outside of the limb, and nothing is left to pass under the patient except a strap, it will not be in the way or cause irritation. The oblique fractures of the leg (which have caused the surgeon so much trouble, and often been the subject of prosecutions for mal-practice) may be easily brought into place and retained any length of time, with the lower portion of these planes, with or without the upper portion. Also fractures, or fractures and dislocations of the fore-arm, however bad they may be, can be easily brought into shape and retained, with the splints for the arm and wrist.

For a full description of the use of these instruments, the reader is referred to a publication which is prepared to accompany each case. We are able to put the co-apter and two sets of splints (large and small) into a case the size of country physicians' medicine trunks, and sell them for \$40 a case. As some who have a large supply of splints wish for the co-apter, we have put that in a separate case for \$27. Others who have other instruments on hand, wish for splints, which may be had in a case for \$15, or without a case for \$7 a set. At these low prices



the profession cannot think of receiving the instruments from travelling agents, but all orders addressed to the subscriber, by mail or express, will be promptly attended to. O. D. WILCOX.

*West Boylston, Mass., March, 1848.*

#### OPIUM IN ENTERITIS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I am willing the reader should understand, in the commencement of this article, that I differ from my medical brethren—some of them at least—in regard to the use of opium in enteritis. I care not, Mr. Editor, whether I am alone, or sanctioned by the multitude, in my views concerning the best method of combating disease, except as it regards the welfare of my fellow sufferers. Every philanthropist feels an anxiety to have each system of medication founded upon, and directed by true philosophical principles. To practise medicine successfully, a man must be a natural philosopher. Philosophy develops mighty truths, daily. Thus we see that man is a progressive being. Because the multitude have said amen to, or sanctioned a point in what they may be pleased to term philosophy, it does not follow invariably that it is a fact positive; because the nature of error cannot be changed, though it should have the entire sanction of the universe. Physicians, in my opinion, are too apt to practise medicine from book knowledge. I have had physicians tell me that they make use of such and such medicines, because they are recommended by such and such authors. Now I would just as soon employ a common blacksmith to repair my watch, as I would such a man to cure my system of disease. They seem to be ignorant of those notable differences technically termed *idiosyncrasies*, viz., that some constitutions have a particular fondness for, or aversion to, some kinds of medicines or articles of food. Book knowledge, it is true, enables us, in a measure, to take into cognizance the various phenomena, but not to discriminate correctly and philosophically the mysterious differences in the constitutions of men.

But what position shall I occupy in the battle against opium; in order to be safe from the weapons of my antagonist? I shall not dodge or fight in ambush, for my premises are correct. I shall take my stand where I can give King Opium the main charge from my blunderbuss. I go against the use of this article entirely in *inflammation of the bowels*. I have not decided against its use prematurely. I have carefully watched its effects, and have come to reject it from actual experience. I sincerely believe, and shall, until I am convinced that I am in error, that opium produces many more “fatal cases of constipation” than the disease itself. This is my conclusion, be it correct or false, right or wrong. I believe I shall be able to make it appear that I am not altogether in an error.

In the first place, let me ask, what is *enteritis*? All will say at once,



that it is an inflammation of the *bowels*. The characteristics are, pain in the abdomen, nausea, vomiting, costiveness, accompanied with a degree of fever. Secondly, what produces this inflammation? The answer to this is, it is caused by acrid irritating substances, indurated *fæces*, &c., acting as extraneous bodies on the mucous coat of the intestines. This being a fact positive, what are we to do? Are the secretions of the alimentary canal more abundant than usual, and is there an undue peristaltic motion going on? Most assuredly not. Our object and duty should be, to increase, not lessen these important functions. To accomplish the grand ultimatum, shall we give opium "every hour"? Common sense says no. All nature declares against it. It has a drying, tightening effect on the mucous membrane of the lungs, and does it not have the same drying effect on the mucous membrane of the intestines? In my opinion it does, and more directly too. It lessens, not increases, the secretions; retards, not augments, the peristaltic motion.

I do not wish to be understood as saying that opium produces these "fatal cases of constipation" independent of an inflammatory action going on, for such is not my meaning. What I mean is this. Opium dries up the secretions, prevents physic from operating, thus directly increasing the inflammation instead of lessening it. To be sure the patient gets relief, in a measure, from pain, while under its influence, in the first stages of the disease, but not in the latter. But does the patient get any lasting benefit from this exemption from pain, while under the influence of opium? I answer in the negative. The last state of the man is worse than the first. You not only have to contend with the actual disease itself, in an aggravated form, but with the constipating effect of opium, unless it possesses more the properties of a cathartic in the hands of others than it does in my own.

In order to treat disease successfully, we must, before making use of one single *medicinal* agent, discriminate closely, ascertain, if possible, where the difficulty lies, what particular organs are affected, and what organic or functional derangement has taken place to produce this abnormal state of the system. In the next place, we are to inquire of ourselves, what are the recuperative means to be made use of. If we are satisfied that this disturbance in the system is brought on by a lodgement of irritating substances in the bowels, then we are called upon to labor assiduously to remove this lodgement. Every hour we fail in getting an operation from the bowels, our patient's chance of recovery grows much smaller. But, says one, "is this not my theory as well as yours?" "Will not opiates greatly assist the operation of purgatives by allaying the pain and relaxing the spasmodic contraction of the bowels?" We say, not so. This constricted state of the bowels is very different from spasmodic contractions in other parts of the system. Between them there is no analogy. In *cholera morbus* we have severe spasm, calling loudly for opium and brandy. In enteritis we have an active inflammation going on, demanding depletion.

Having expressed my views in regard to what may be considered "bad practice" in enteritis, I will now proceed to state briefly what I consider



good practice. Our treatment in this disease, as in all others, must be modified by the violence of the disease and strength of the patient. Bleeding does well, if performed as soon as the first symptoms appear. Large doses of physic must be early administered. Physicians, in my opinion, are too apt to give their "large doses" in too late a stage of the disease, when the system, being already exhausted, is not able to receive them. Given at this period, they no doubt hurry the disease to a fatal termination. Then, I say, urge your physic in the commencement of the disease, if you mean to save your patient. As opium operates directly against physic, let it alone. Instead of giving it to allay pain, apply a large blister to the abdomen. Blisters are not only called for to relieve the pain, but to assist in getting an operation from the bowels. Fomentations should by no means be omitted. They should be perseveringly applied. Work while the day lasts; or, in other words, be active in the early stages of the disease. Injections, copiously administered, promise much. They assist in bringing about the desired end. They should be made of such articles as are in themselves physicks. A strong infusion of senna answers a good purpose.

To do away this constricted state of the bowels, of which authors speak, let us give a solution of emetic tartar, which will do much to bring about a general relaxation of the system. It will do more towards reducing the pulse and lessening the inflammatory action, than any other medicine. But, says one, have we not already vomiting? and will not emetic tartar augment this difficulty? It will, if given in sufficient doses, but not otherwise. Supposing we do get vomiting in consequence of an over dose, no harm will be done, but good will come of it. Who has not been astonished, sometimes, to see how quickly emetics pass off by the bowels.

In conclusion I would say, that since I have adopted the above treatment in *enteritis*, leaving opium out entirely, my "obstinate cases of constipation" have been very rare.

L. ALDRICH.

*Reading, Vt., February, 1848.*

#### SANITARY RETREAT IN FLORIDA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR.—This will inform you that I am still advocating the establishment of a sanitary retreat in Florida. After a strict and careful investigation of everything connected with this enterprise, we are unanimously agreed that Palatka, in East Florida, supersedes every other place for the erection of the great hotel, or home of invalids. You will probably recollect that this place was chosen by the U. S. Government, during the Florida war, for its healthy locality, as a suitable site for the main hospital.

Palatka is situated about a half degree south of St. Augustine; twenty-two and a half miles from the ocean, in lat.  $29^{\circ} 30'$ . It enjoys a salubrious climate, free from a damp and pernicious atmosphere, having the



reputation of being healthy throughout the year. It is central to all other places on the St. John's River; being distant from Jacksonville, 75 miles; from St. Augustine, 30 miles; from Enterprise, Lake Munroe, 150; and from Orange Springs, 23 miles. It is also the terminus of regular steam navigation on that river.

Dr. Wurdemann has already expressed his sentiments in favor of the above place. As he says—"Nothing would give me greater pleasure than the erection of a good house at Palatka," although he regards the region of Lake Munroe as the mildest climate in East Florida; but the danger of malaria fevers at the Lake prevents us from detaining our patients there beyond the period of three months during the winter. Yet Enterprise, with its springs, will form an excellent adjunct in the treatment of advanced stages of tubercular consumption. And such class of patients, if they wish, can be readily carried by steam to that place, forming a pleasing and interesting lake excursion.

A gentleman of Palatka offers to invest a beautiful live-oak growth adjoining the town as a site for the hotel, which will form a delightful promenade; he also proposes to give other lots if wanted. We are at present having a plan of the building executed by a good draughtsman, combining everything suitable for that climate, and likewise having every convenience of a northern house; no pains being spared to render it agreeable and commodious—the intention being to seize on every facility to make it a rural and delightful retreat, organized and founded upon the best medical principles. The cost, including all outlays, will probably amount to fifty thousand dollars, and the hotel is intended to accommodate near two hundred people.

We shall soon be ready to submit our plans and authorities to the consideration of the medical profession, and shall earnestly entreat them to aid us in establishing this philanthropic institution, which meets with applause and public approbation throughout the Union. The capital necessary to complete this enterprise, can be obtained in two ways. First, by a joint stock company, the profits of the house paying for the property in two or three years; second, by liberal subscriptions, the fund accruing from the profits of the house, appropriated to the use of poor invalids, or otherwise, as it may be deemed proper.

I am, dear sir, very respectfully yours,

Portland, Me., April 3d, 1848.

AUGUSTUS MITCHELL, M.D.

#### CHLORIC-ETHER—CHLOROFORM? ITS USES AND ABUSES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Chloric-ether being now fairly before the public, a few remarks regarding its admission into certain branches of medical and surgical practice, I trust will not be unacceptable to your numerous readers, inasmuch as it has, simultaneously with its discovery, buried the unfortunate Dr. Wells and his discovered anæsthetic agent in oblivion. It is not to be



wondered at, then, that much excitement should exist, both in the professional mind and that of the public, upon the introduction and exhibition of these “boons” to suffering humanity—so immediately upon each other.

I am not at all disposed to be captious with individuals, or their arguments, who may think proper to use these dangerous agents—to a certain extent I agree with them; but at the same time, while I have the capability and opportunity to raise my voice—feeble to be sure, compared with the talent, respectability and eminence, run chloroform mad!—I will do so, against the hazardous chances from the indiscriminate uses of these subtle fluids or gases. In the grand surgical and severe protracted surgical operations upon the human body, no doubt can possibly exist that *they are* great boons for alleviating and preventing human suffering, insomuch that, whilst the mind and senses partake of this draught of lethe, the shock to the sensorium and nervous system is, perchance, only co-equal or possibly less, than that inflicted by the surgeon’s knife, and therefore its indication, in such cases, may be justifiable—but as an indicant in cases of *minor surgery*, or under any circumstances for the *natural* efforts and functions vouchsafed to a perfect organization, for parturition, it is as outrageous as it is unnecessary. We have ample testimonials to prove that the *breath and skin* of children, born, whilst the mother was under the influence of ether or chloroform! ? were odorated for several hours after their birth. Thus we have the proof that the blood of the mother is highly impregnated with chloric-ether. But we as yet have no proofs of the chemical combinations and changes brought about, or how seriously the vital principles of the blood are affected; but we do know that the safety of one or more of the vital organs, and life, are in an imminent degree compromised by congestions, &c. &c. It is evident that the immediate *action* of chloric-ether, upon the system, is analogous to that of hydrocyanic acid—in a modified degree, however; and its action upon the brain, heart and large bloodvessels, and the lungs, is in every respect the same, if we may judge from the *post-mortem* examinations made upon the bodies deceased from the effects of chloric-ether, compared with those dying from the effects of hydrocyanic acid.

It is much to be regretted that physicians, although at the same time we have reason to be thankful that they are “few and far between,” have adopted this “letheon” for their patients during their travail, for, irrespective of the contingencies attendant upon the functions of labor, is it possible to show that this agent does not enhance them—that it does not paralyze the globules of the blood, or produce such chemical changes in its electro-vital properties, as to unfit its *stimulus* agency, and that such blood, PRE and super-oxidized by the chloric-ether, or by it changed into poisonous *chlorates* and transfused from the maternal circulation into the system of the child, will not, and does not, compromise the energy of its frail and untried nervous—*vis nervia*—system? Can it be shown that it does not paralyze the muscular fibres of the heart, preventing the proper closing of the *foramen ovale*? that it will not super-induce disease



of this organ, and dropsical affections of the several cavities, more particularly *hydrocephalus*—and a thousand other ills, that these “rush lights” of human nature are heirs to? Professor Simpson, in his excitement and anxiety for the fame of his valuable discovery, may say, and no doubt conscientiously, that it will do no harm, but, on the contrary, that it is in every case both useful and safe; and paragraphs may pass the “rounds” of the press “that Queen Victoria has ordered the Professor to be in readiness at the Palace, &c. &c.,” of which, with all due respect to the paragraphists, I do not believe one word; and as to its “perfect safety,” the numerous deaths and accidents attendant upon its use, speak as to the truth. I consider that *mothers* would consult their own happiness, to say nothing of health, by fulfilling the edict of bringing forth children “in sorrow,” rather than in misery, in vain regrets, and in self-reproach, perchance, end their wretchedness emphatically in tears and *sorrow*.

By none has the use and abuse of “chloroform” been carried to such an extent as it is by my professional brethren. It would be difficult to find (with one or two exceptions) a dentist who has not an ample supply on hand, for *every* case and every *constitution* presenting themselves. Take the singular fact of a celebrated dental institution, without trial condemning and lecturing against Dr. Wells’s sulphuric ether, and immediately upon the receipt of the formula of this singular nomenclature “chloroform,” trying an experiment with it upon a student, and, although imperfectly done, the article is lauded to the skies as the super-extraordinary discovery and greatest boon ever given to the human kind. From other sources it has also been extolled as not only a preventive of pain, but, *tout au contraire*, the patient revels under the most delightful sensations; “Elysian fields,” “orange groves,” with “peach odoriferousness,” the “music of the spheres,” and a thousand other absurdities. Now what are the facts? I have used “chloroform” in fifty-six *dental* cases, after having severally exhausted every argument to induce these patients to forego its exhibition, and in six cases for ophthalmic operations performed by Dr. J. Wheeler, of this city. In *one* case, a young man, who was much *excited* with the delightful! sensations, expressed himself as being in a “most extatic state.” All the others appeared to suffer more or less distress whilst under its influence, and after *resuscitation* had taken place, seemed pleased that the distressing dreamy incubus was not a permanent reality (it is true that they felt no pain), and none were willing to submit a second time to the “delightful sensations”! The “chloroform” which was used in these cases was as pure as it could be distilled, and applied *secundum artem* (if the term can be applied, so can it be to a man’s drinking until he becomes intoxicated), and the symptoms were the same as in numerous other cases, when applied by my professional brethren, viz., the face very livid or turgid, and red from congestion, the eyes variously affected, a noise as if a “train of cars” were actually rumbling through the brain, *tinnitus aurium*, ringing of bells in the ears and head, sound of gongs and muffled drums, brilliant fantastic scintillations sparkling in the eyes,



with flashes of light, and a thrilling unpleasant sensation running along the courses of the arteries and veins, similar to the pricking sensations all over the body known as the "foot being asleep;" stupefaction, with a knowledge of surrounding objects and the passing conversation, without being able to move or partake therein; a dreamy state, as if oppressed with the "night mare," with the same desire to be relieved; total insensibility, as if in death.

The professional and non-professional reader may justly and will naturally inquire why I, having such an objection to its exhibition, should, under any circumstances, use it. My answer may be explanatory, perchance anything but satisfactory. My patients hear my advice, thank me for my frankness, and go elsewhere and *have it applied*. I therefore conceive that I may do them a little service, or perchance less harm than those who have failed in some honest mechanical trade, and as a *dernier resort* taken up dentistry, no doubt as *mechanical* dentists not to be surpassed, but who play with people's constitutions, whilst they are entirely ignorant of the applicants and elementary principles of medicine and surgery and the physiology of the system.

Putting altogether out of view these objections to its use in the simple dental operations performed in the mouth, there are other reasons adverse to it. By skilful manipulations, dentistical operations can be performed with comparative ease and comfort, although it is not uncommon to *hear* of a person being lifted four or five times from the floor by an *operator*, *id est* "operative"! attempting to extract a tooth—but fortunately for the *dental* profession it would be uncommon and infrequent not to hear the operator praised for his skill, and the *ease* with which he performed the same operation. The patient being either stupefied or insensible, whilst under the influence of chloric-ether, may be considered, for the illustration, as a dead "subject"—the face and its muscles, either being without nervous power, or are rigid, fixed, and the jaws frequently closed, so as to require being *forced* open. The saliva flows as bountifully as in paralysis of these parts, the head falls about, and the operator obtains no assistance whatever from the patient, which, in contradistinction to other operations, is useful. Everything is done in a hurry, and "nervousness" and mental anxiety, unknown to the regular surgeon, on all sides are carried to such an extent, that the patient is almost sure to get the worst of it. It moreover presents an excellent cover for bungling mutilations in dentistical operations, and ignorant unnecessary manipulations in parturition, to say nothing of the consequent after-irritations and distress.

I have administered the chloric-ether in *two* cases *internally* with less disagreeable effects; and my friend, Dr. Russel, U. S. A. (on this "station"), informs me that he took it himself twice internally—experiencing less unpleasant effects than those he had seen in others where it had been *inhaled*. I believe, after a time, that this method will be found the best and safest method of using "chloroform."

Two cases of partial amaurosis have come under the professional care of Dr. Wheeler, ophthalmic surgeon of this city, superinduced by this agent,



administered for dental operations. I believe it is the intention of the doctor to favor you with a statement, and the peculiar treatment of these cases.

A. C. CASTLE, M.D.

*New York, Feb. 29, 1848.*

*Surgeon Dentist.*

N. B.—The numerous deaths and accidents arising from the use of “chloroform,” have in a great measure put a stop to dentists using this agent. I believe it is now only used where the patient insists upon taking the responsibility.

*March 1, 1848.*

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#### THE PAIN-DESTROYING AGENT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The queries of your New York correspondent (in the Journal of March 29th) call for an answer. Not, however, that the disrespectful manner in which they are issued, entitles them to this courtesy. But the verdancy of *juniors* always entitles them to be tenderly dealt with. It is always difficult, Mr. Editor, for young men to divest their minds of that self-confidence which interferes with its teachableness. As they grow older, they will learn not to despise knowledge, even when it comes from the humblest sources, and to suspect that a partizan tendency, on any subject, shuts them out from the appreciation of truth.

1. The cautious use of anæsthetic agents implies that the practitioner should know something of their history. It is not true that the use of ether has been “abandoned”—it never was adopted by the profession in the days of Christison, or Pereira, or Henry, or any of those authors who forewarn against its pernicious effects. As far as our observations extend, neither the journals nor the veracious “newspapers” have given us any well-authenticated case of death by ether. Several trustworthy physicians of Cincinnati have charged the death of a woman in that city to chloroform, and details have been promised, but have not yet been given to the readers of your Journal. Your correspondent would have learnt some of the cautions in the use of these agents, if he had carefully read Dr. Warren’s account of the many cases in which they had been used in the Massachusetts General Hospital.

2. The cautious use of these agents requires that the patient should inhale, together with them, a sufficient quantity of atmospheric air.

3. The state of the pulse and the respiration should be carefully watched, and if the former is unusually feeble, at first slow, and subsequently frequent; and the latter very imperfect and feeble, the atmospheric air should be allowed to revive the patient. Like any mode of intoxication, it may be carried too far.

4. It should be ascertained, from time to time, whether the patient is entirely unconscious or not. If he is not so, it would hardly seem probable that he can be in any danger.

If there are “indiscriminating advocates” of ether and chloroform,



they are as unwise as the indiscriminating opposers and rejecters. Why should we encourage a partizan spirit on the subject? It is the disgrace of our profession, that newly-proposed remedies are not fairly judged. Who can read the history of vaccination and not blush for his craft? The question as to the use of the anæsthetic agents is not to be settled by *authority*, but by trials and the cool judgment of the unbiassed. It may be that "Paris is France," but we cannot consent to believe that the United States is only New York or Philadelphia. MEDICUS.

*April 2d, 1848.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 12, 1848.

*Churchill's Theory and Practice of Midwifery.*—A third edition of this book, which was cordially received on its first appearance, has been published at Philadelphia, from the press of Lea & Blanchard, revised and improved by the author—having 128 engraved illustrations. Dr. Huston, the American editor, says, in a note, that the complete revision of this edition by Dr. Churchill, has rendered additions from his own pen unnecessary. The author's additions, he says, are numerous, and almost on every subject. There is not a teacher of Midwifery, it is presumed, in the States, who does not approve and recommend this carefully prepared volume. It abounds in all that is essential to a perfect scientific understanding of the subject.

*Progress of Home Medical Literature.*—Notwithstanding the activity of the press in the United States, by which the most valuable, as well as some of the worthless medico-literary productions of Europe, are early reproduced here, the question has been appropriately asked, what is the present state, and what are the future prospects, of the medical literature of this country? In answer, we may state, in the first place, that there is no dearth of authors: they are both numerous and active, but are too much in haste to accomplish the great designs of their ambition. This is one of the causes why so few original native works are produced, although the field that invites to this branch of literary labor is both extensive and rich in materials. Few feel themselves to be sufficiently at leisure to construct a regularly built volume, unless possessed of ample means to render it unnecessary to be at the perpetual call of every sick man, woman and child, within the precincts of their acquaintance. Those who do, in spite of the cares incident to daily practice, succeed in presenting their views and opinions to the professional public, through the pages of a book, are commonly obliged to accomplish their literary labors under disadvantages which operate against that kind of finish, necessary to success. Too many American treatises on medicine, therefore, for the lasting reputation of the body from whence they emanate, are imperfect; and hence they are speedily forgotten. This may also be considered as one reason why many American medical writers are prone to theorize, rather than to detail facts, the latter requiring more time than the former. This cause, however, does not prevent a large number



of them from being valuable contributors to medical periodicals, and this Journal, and others in the United States, bear honorable witness to their enterprise. Some of our physicians, too, have achieved wonders in the higher fields of medical literature. Rush, Dorsey, Dewees, Warren, Meigs, Wood, the Becks, &c., are proud monuments of the capacity of American medical philosophers and teachers, when they apply themselves in earnest to laborious researches. Whether it is true that originality like theirs is rare, and that a disposition exists to metamorphose a foreign treatise, by running it through a publishing mill, in the name of an American editor, in order to appear in borrowed plumes, cannot be discussed to-day.

Originality of thought and boldness in execution are characteristics in the practice of American physicians and surgeons. Those who have read the history of their doings in remote sections of the world—China, Siam, and Africa—cannot be otherwise than proud of their success in mastering some of the most formidable and terrific in the catalogue of diseases. The same is true in regard to those devoted exclusively to Obstetric Medicine. In the department, also, of Medical Jurisprudence, and in the management of Insanity, where, or in what age, have this class of practitioners been excelled? But these considerations are diverting us from the main question, the prospects of home medical literature, which were never brighter than at present. Various institutions vie with each other in developing the resources of a science that investigates the laws of our being, and ameliorates the sufferings to which humanity is incident. New and striking exhibitions of mental effort, in all the various branches of medical study, are being made—and it is morally certain, that a few years will serve to bring out results, that will redound to the advancing influence of the medical literature of the Union, and place it on a foundation as firm and glorious as the government whose broad mantle covers and protects the whole.

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*Philadelphia Association for Medical Instruction.*—Having examined the sixth annual announcement of an association of medical gentlemen, whose object is an elevated order of instruction in the various departments of a complete professional education, we think the plan proposed cannot be objected to by those who have at heart the respectability and scientific attainments of all new-comers into the practice of medicine. A regular course of lectures on Medical Chemistry, Institutes and Practice of Surgery, Anatomy, Physiology, Obstetrics, Materia Medica and Therapeutics, Pathology and Practice of Medicine, commences the present month, to continue till October—and the fee for the whole is exceedingly reasonable. Is it unwarrantable to start the idea that this is another incipient College, to be added to the other flourishing institutions of medicine in Philadelphia? The multiplication of facilities invariably increases business, whether in mercantile, agricultural or medical pursuits, notwithstanding the determination of the leading representatives in all branches of thrift, to keep up a cry of ruin, if an old monopoly is endangered, in its dozy happiness of being the recipient of universal patronage.

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*Transferable Spring Sole.*—Messrs. Robinson & French, of Andover, Mass., are the manufacturers of a curious article, which is nothing more nor less than a metallic sole for shoes and boots, which may be transferred



from one to the other. The object, is, first, to give elasticity to the foot, in walking ; and, secondly, to keep it perfectly dry. It is so constructed, that when the leather sole is damp, the iron wholly prevents it from being transmitted farther. The invention is calculated to be particularly beneficial for invalids. Ladies can put it into the most delicately-made shoe they allow themselves to wear in the streets, and thus avoid a clumsiness of appearance, and yet obviate the dangers to which they are exposed with the ordinary thin leather soles, of which the guardians of health always complain. Why some one has not brought out this ingenious design before, is somewhat surprising. It is now fairly introduced, and meets with the cordial approbation of mechanics, as well as those who would profit by the suggestion of other minds.

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*Medical Competition in England.*—At the present rate of extraordinary annual multiplication of physicians and surgeons, in the United States, which appears wholly beyond the demands of society, the scramble for medical places, of even low distinction, will become as common here, ultimately, as in the mother country. The following paragraph shows the mode in that country of struggling for office, independent of emolument—which seems to have excited the surprise, if not contempt, of the English editor.

“ The election of an honorary surgeon to the North Dispensary (rendered vacant by the retirement of Mr. Radcliffe) took place on Monday. Charles Booth, Esq., presided. Thomas Booth, Esq., proposed, and Mr. Mather seconded, Mr. Ewing Whittle. Mr. Harmond Banner next nominated, and Mr. Harrison seconded, Mr. Alanson. Mr. George Armstrong proposed, and the Rev. J. Reid seconded, Mr. D. Paterson. The voting continued with much spirit until 2 o'clock ; 218 governors attended to vote on the occasion. At the closing of the poll a scrutiny took place, after which the voting was announced to be as follows :—Mr. Whittle, 99 ; Mr. Alanson, 55 ; Mr. Paterson, 54. Mr. Whittle was of course declared duly elected.”

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*New Adhesive Plaster.*—In addition to the manufacturers of this article, already referred to in the Journal, Messrs. Brewers, Stevens & Cushing, a long-established house, in excellent and extensive repute for the good quality of their medicines, keep for sale that which is prepared by Dr. Palmer, and which he calls by the name of Collodion. It is one of the most convenient and elegant articles ever discovered, for facilitating a cure in surgical cases. Leech bites, incised wounds, cuts on the face in shaving, burns, excoriations, chilblains, and even sore nipples, that exceedingly painful malady, are now represented to be greatly benefited, if not readily cured, by dressing with this most extraordinary adhesive fluid. Messrs. Brewers, Stevens & Cushing have it in phials of various sizes, accompanied by copious directions for using it successfully—and better still, the price of the collodion places it within the reach of all.

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*American Medical Association.*—By our exchanges we perceive that the various medical institutions of the country will be generally represented in the approaching meeting of the Association. The Counsellors of the Medical Society of Massachusetts have appointed *fifty* delegates. How many more will be appointed by other bodies in that State we know not ;



but at that rate, throughout the country, the number of the whole will be great indeed. Several county societies in Pennsylvania have appointed their representaives, as have all the associations and institutions of Philadelphia. Of the names of all these we have not been informed, but the following we know to have been appointed :—

*Jefferson Medical College.*—Professors Huston and Pancoast.

*College of Physicians.*—Drs. Hays, Jackson, Bond, Condie, Fox, A. Stillé, Pepper, King, J. R. Paul, and C. D. Meigs.—*Med. Examiner.*

*Professor Chapman.*—The medical class of the University of Pennsylvania, to testify their respect for their venerable Professor of the Theory and Practice of Medicine, Dr. N. Chapman, have had his portrait painted by Sully, in the best style of that distinguished artist. Besides being a beautiful specimen of art, it is said to be an accurate likeness. On the 22d ult. it was presented with appropriate ceremonies to the Wistar Museum of the University, to be placed by the side of those of the Professor's former colleagues—Physic and Dewees.—*Ibid.*

*The Mississippi State Medical Society.*—The Society held its annual meeting at Jackson, on the 11th of January.

Dr. S. A. Cartwright was unanimously re-elected president. Drs. Keirn, Copes, and J. W. Phillips, were elected to represent the Society, at the next meeting of the American Medical Association, to be holden in Baltimore on the first Tuesday of May next. Other important business was transacted, and measures adopted, which show that the Society is entirely engaged in promoting the interests of medical science, and helping forward the great work of medical reform.—*N. Y. Jour. of Medicine.*

*The late Mr. Liston.*—A meeting of the friends and admirers of this distinguished surgeon was held last week, at the residence of Mr. Durancé George (the Most Noble the Marquis of Anglesey in the chair), for the purpose of raising some monument to the memory of the lamented deceased. It was stated that the noble chairman had expressed his intention to subscribe £50 towards the funds necessary for carrying out the object of the meeting. His Grace the Duke of Buccleugh also subscribed a similar munificent amount. The meeting was adjourned for the further consideration of the subject.

TO CORRESPONDENTS.—A paper from Mr. S. L. Bigelow came too late for insertion this week, and will appear in our next. The following communications have also been received—On Marine Hospitals; Case of Stricture of the Intestines, by Dr. Webber; the new Adhesive Plaster, by J. P. Maynard.

DIED,—In Middle Haddam, Conn., Dr. Charles Smith, 47.

*Report of Deaths in Boston*—for the week ending April 8th, 64.—Males, 32—females, 32.—Stillborn, 3. Of consumption, 17—typhus fever, 3—lung fever, 2—smallpox, 1—dropsy, 2—dropsy on the brain, 3—child-bed, 2—croup, 2—tumor, 2—teething, 3—infantile, 6—marasmus, 1—disease of the heart, 2—disease of the brain, 2—diarrhoea, 1—dysentery, 3—inflammation of the bowels, 1—hæmorrhage, 1—cancer, 2—convulsions, 1—inflammation of the lungs, 2—accidental, 1—worms, 1—disease of the uterus, 1—old age, 1—paralysis, 1.

Under 5 years, 26—between 5 and 20 years, 8—between 20 and 40 years, 20—between 40 and 60 years, 6—over 60 years, 4.



*Medical Miscellany.*—One hundred and eighty-one students of the Jefferson Medical College were admitted to the degree of M.D., in 1847. Four hundred and eighty constituted the class in 1848—Dr. J. C. Martin, now Secretary of Legation, at Paris, has been nominated by the President, to be Charge d'Affaires to Rome, from the United States.—In the U. S. Marine Hospital, Chelsea, sick or disabled seamen in hospital, Jan. 1, 75; do. received during quarter ending March 31. 130; total, 205. Discharged, cured or relieved, 153; died, 10; remaining March 31, 42; total, 205.—A young lady of Lawrenceburg, Ia., had several teeth extracted recently, while under the influence of chloroform. For several days she remained in a lethargic state, and has since lost the sight of one of her eyes.—At Mill Bank, Ayton, England, a young boy who, while falling from a tree, nearly severed his tongue in two, refused to allow it to be stitched together. Dr. Colvil applied chloroform, and, while the boy was under its influence, performed the operation.—A druggist's apprentice, at Aberdeen, while weighing an ounce of chloroform, put some on his handkerchief and applied it to his mouth and nostrils. He became much excited, then laid his head on the counter, and died. He had been in the habit of inhaling it for amusement and pleasurable excitement.—An institution is about to be established, in England, under the auspices of the Archbishop of York, the bishops of London, Lichfield, Salisbury, Ripon, Gloucester, and Norwich, and a large number of eminent physicians, for the training of nurses for hospitals.—The number of Students for the last Course of Lectures in the Medical College of Georgia, was 151. At the close of the course, the Degree was conferred upon 52 Graduates, 42 of whom were from Georgia, 5 from South Carolina, 4 from Alabama, 1 from Tennessee.—The Southern Medical Journal says: "During the sixteen Sessions of Lectures in the Medical College of Georgia, embracing four months of each year and about 1250 Students, there has occurred but one death. Another fact on the same subject, is, that we have four persons, three white and one colored, residing in the same family, each over 80 years old. They are from the French West India Isles."

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IN calling the attention of the Medical Faculty to this preparation, the Proprietors would simply state that they adopt the formula of the U. S. Dispensatory by Wood & Bache; making use of the best Alexandria senna and Honduras sarsaparilla. We are very particular in the selection of materials, and also in the preparation of the medicine. We make an addition of iodine to our preparation, and, we think, with obvious advantage. In these days of abounding quackery, it seems to us, there should be a preparation of sarsaparilla recognized by the Faculty as officinal, and as such, recommended by them.

We would moreover state, that we submit a full formula to all regular physicians, and as far as we have made known our enterprise, we have received the approval and encouragement of nearly all medical men.

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JOSEPH D. MANSFIELD, M.D.

WM. H. WILLIS, M.D.

March 15.

#### PHYSICIANS' PRESCRIPTIONS.

WE take this method to inform Physicians and others in the city, that we constantly keep all the new remedial agents and medicinal preparations of the best quality that is produced, which will be dispensed in Physician's Prescriptions at all hours, day and night, by competent persons.

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*Elements of General Pathology, or a Practical Treatise on the Causes, Forms, Symptoms and Results of Disease*, by Alfred Stillé, M.D., Lecturer on Pathology and the Practice of Medicine, in the Philadelphia Medical Association, &c. &c.

These will be followed by works on the Diseases of Children, Minor Surgery, Internal Pathology and Therapeutics, Physiology, General or Microscopic Anatomy, Special Anatomy, Materia Medica and Therapeutics, Med. Chemistry, and the American Dissector:—all of which are in a state of preparation, and will be issued at an early day. Other works to complete the series will also be added.

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March 22—4t

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## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.      WEDNESDAY, APRIL 19, 1848.      No. 12.

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### ETHERIZATION—A COMPENDIUM OF ITS HISTORY, SURGICAL USE, DANGERS, AND DISCOVERY.

BY HENRY J. BIGELOW, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

THE astronomer Leverrier calculated the direction and rate of travel of a star, and pointed to its place in the heavens. A star appeared; yet astronomers tell us that this was not his star, that its rate of travel was other than had been predicted by Leverrier. No other appeared, exactly to fulfil the astronomer's calculations. Yet Leverrier is great, and his name is familiar.

Professor Schonbein converted cotton into a new vehicle of sudden force. The belief that gun cotton might be cheaply used for purposes of offence or of defence, gave the name of Schonbein a currency in all parts of the civilized world, and to gun cotton the position of one of the discoveries of the age.

The French experimenter has attached his name to the Daguerreotype, and this, too, is great, although a mere luxury when tested by its applicabilities to the necessities of man.

Few will dispute to these inventions and discoveries the epithet great, compared with others of the day; and yet their greatness is of very different character. What, then, shall be considered a test of greatness in discovery?

A writer upon patents has said that an invention is entitled to protection from the law, when it materially modifies the result produced, or the means by which it was produced; that a patent right is due to novelty in a machine producing an old fabric in a new way, or to the manufacture of a new and very different fabric, resulting from a slight change in the machine; in other words, to novelty in the combined result of means and end. This distinction, if not law, is apparently just; and I should, in like manner, call an invention great, in proportion to the combined amount of mind invested in its production, and of its intrinsic ability to minister to the supposed or real comfort and well being of the race.

What, then, is the character of the discovery of etherization? And it is not idle nor superfluous to examine definitively the claims of this in-



vention. I shall presently show that there are regions where the use of ether is still unknown, or its efficacy doubted ; and there have been those who maintained that a certain good fortune attended its discovery, which in a measure abated its claim to greatness.

The following position is, I believe, quite tenable.

Ether is capable of producing, with very rare exceptions if there be any, complete insensibility to pain ; with discomfort to the patient in only a part of the cases ; this discomfort being trifling compared with the pain of an incision an inch in length.

What is pain, which the race has ceased to know in its more formidable phase, which in another age will be remembered as a calamity of rude and early science ? Pain is the unhappy lot of animal vitality. It respects neither condition nor external circumstances. In the countless generations which lead us step by step into the remote ages of antiquity, each individual has bowed before this mighty inquisitor. It has borne down the strongest intellect, and sapped and withered the affections. The metaphysician finds in it the secret spring of one half of human action ; the moralist proclaims it as the impending retribution of terrestrial sin ; the strongest figure of the Bible condemns man to eternal flames ; and yet this "dreaded misery, the worst of evils," now lies prostrate at the feet of science. Pain is encountered at man's option, and the nerves fulfil their functions only with the connivance of the intellect.

One hundred years ago, a lecturer proved that the discoverer who had subdued the lightning was not an impious man. The modern lecturer may proclaim that the greatest of discoveries has deprived terrestrial fire of its terrors ; that man was not born to pain ; that physical pain is an accident of existence, and not the mundane retribution of transgression.

The practical employment of etherization ensued upon the conference of two individuals. One of these, retreating to the privacy of his own apartment, placed his watch upon the table, and applied the ether to his mouth. Eight minutes of complete obliviousness now elapsed, and he awoke excited with the purpose of testing the degree and quality of this new somnolency, with reference to his peculiar art. For some hours the confirmation of certainty was delayed, and the future discovery hung upon a slender thread. Public wayfarers inclined no sympathetic ear to the necessities of a discoverer, and several diplomatists sent to bribe some chance foot-passenger to lose a tooth for an equivalent of five dollars, returned without negotiating. Towards nine o'clock, the inmates of the establishment were aroused by the arrival of a patient. Yet he, recognizing in the dental art only the substitution of one pain for another, despairingly inquired if mesmerism was not available in such ordeals. Here, then, was the long-wished-for opportunity, and complete unconsciousness crowned the experiment with success. It is quite probable that the world will not remember who this individual was, and yet it is true that the whole discovery of which we are now speaking, exhibited its first authentic effort when it annulled the pain accompanying the lesion of the little nerve that animated his defective molar.



It is worth while here to ask, what was the position of the discovery at this time? A tooth had been painlessly drawn, and, at a previous time, an irritation of the pulmonary air tubes had been alleviated, with alleged insensibility, by the inhalation of a subtile vapor. Here were two facts, insufficient for the most hasty generalization, circumscribed in their bearing, and showing, not that every person could be affected in a similar manner, bearing not upon vitality at large, but upon two specimens of it as modified in these two individuals; and proving, at the most, that animal vitality could be thus affected in two instances; and not that it could be in all instances. Besides this, the wholly different question of danger was not yet affected by evidence. If these two cases showed that insensibility could be thus effected without danger, two or three previous cases showed, with equal clearness, that insensibility produced death. Knowledge, at this point, rested upon a few hypothetical facts. I confess, had I been then asked what inference I considered safe, I should have replied, "You have succeeded in two instances only, and, in view of the previous evidence upon this subject, it is quite likely, that in two more instances either you will fail to produce insensibility, or, having produced it, your patients will die." This seems to me the necessary logical conclusion upon previous evidence; and that it was the first conclusion of those who had knowledge in such matters, will be well remembered by many. I cite only the opinion of a distinguished chemist in a neighboring city, who after one or two facts of insensibility, counselled his son not to risk upon it his health. Also a letter from Sir Benjamin Brodie, one of the distinguished experimenters in physiology of twenty years ago, who, in full view of all facts that were borne across the Atlantic, at the first announcement of the discovery, and after reflection, still wrote to Dr. Chambers, "I had heard of this before. The narcotic properties of inhaled ether have been long known, and I have tried it on Guinea pigs, whom it first set asleep and then killed. One question is, whether it can be used with safety?"

This was indeed the one great question now to be decided. Another question was, can insensibility be produced in all cases? The first would justify the surgeon in trying the experiment, while the second infinitely enhanced the value of the discovery.

To settle these important questions, many instances of insensibility were needed, which were not long in offering themselves to the tenant of a largely frequented dental establishment. Each new trial added evidence in geometrical proportion, while the absence of serious mishap encouraged hope.

Here is a second point in the discovery, and I consider a second proposition to have been now pretty well demonstrated. This was, not that ether *might* produce insensibility during the extraction of a tooth, and that the state of somnolence might be unattended with danger, but that it could always produce insensibility, and that the danger was comparatively slight.

Brief inhalation may be considered as fairly tested, and the discovery fairly demonstrated, in this rapid and multiplied experience.



Analogy, the degree of insensibility, and its superficial extent, rendered it quite probable that such insensibility would prove complete and universal. An *experimentum crucis* could alone determine such a point, nor was it long delayed.

The gentleman who had conducted these experiments determined upon submitting the new phenomena to the test of a surgical operation; and there was a certain liberality of spirit which was instrumental in introducing the discovery to the Massachusetts General Hospital. Many such pretended discoveries had failed. To be a party to such public failure, was to invite an imputation of lack of judgment; and although this novelty presented peculiar and unequivocal evidence, and possessed an intrinsic worth which need have regarded no opposition, yet a spirit of liberality and of discernment is to be recognized in the attitude of Dr. Warren, who assumed the responsibility of failure, and of danger that might well seem possible to one who had not witnessed the previous experiments. Ether has not always met with equal consideration.

The operation of that day was incomplete in its results, for reasons to be hereafter indicated. The young man offered signs of sensibility, during and after a dissection which was not particularly painful. Some powerful drug already known, or even the imagination, might well have been suspected of agency in the phenomena.

On the ensuing day, a woman offered herself with a tumor of considerable magnitude in the right shoulder. A few minutes of the most complete and passive insensibility served to extirpate it. No imagination was here to be accused. The drooping lid, the head fallen on the shoulder, the stolid relaxation of the mouth, suggested no overworking of the intellect, no rapt unconsciousness, nor inspired ecstasy. The phenomena were real, familiar to daily experience; they belonged to the profoundest sleep. This operation of Dr. Hayward, first showed conclusively the power of the new agent in averting the terrors of the surgical art. The casual spectator would have remarked no expression of wonder nor unusual excitement in the by-standers at the working of this miracle. Nothing to awe or startle, marred the tranquillity of the operating room. Yet I think those present will not soon forget the conviction of those few moments, associated at this remote day with the breathless silence of the crowd, and the unwonted fumes of aromatics burned to mask the emanations from the yet mysterious agent. Cognizant of these facts, and having studied the phenomena of etherization in a number of successive experiments at the dental establishment before alluded to, I felt that there was no longer any hazard in vouching for the efficacy of ether, and on November 3d, I read a memoir upon the subject before the American Academy of Arts and Sciences. The case of Alice Mohan, whose limb was successfully amputated by Dr. Hayward under the new influence, occurring soon after, I embodied this confirmatory evidence into a second paper read before the Medical Improvement Society of this city. This paper, afterwards published in this Journal, was the first upon the subject, and was that, I believe, which carried the news to the South and across the Atlantic.



It has been well said that the first attitude of the world towards a great discovery is incredulity, and then hostility; and this was well exemplified in the reception of this announcement at the South. Three weeks elapsed before any notice of the subject appeared. Then came the doubts of those sagacious and experienced philosophers who were not easily to be deceived.

In January, 1847, a New York Medical Journal announced that "the last special wonder has already arrived at the natural term of its existence. It has descended to the bottom of that great abyss which has already engulfed so many of its predecessor novelties, but which continues, alas, to gape until a humbug yet more prime shall be thrown into it."

The New Orleans Medical Journal says, in the same month, "That the leading surgeons of Boston could be captivated by such an invention as this, excites our amazement." "Why, *mesmerism*, which is repudiated by the savans of Boston, has done a thousand times greater wonders."

A leading medical periodical in Philadelphia, states that "We should not consider it entitled to the least notice, but that we perceive by a Boston Journal that prominent members of the profession have been caught in its meshes." It was "fully persuaded that the surgeons of Philadelphia would not be seduced from the high professional path of duty, into the quagmire of quackery, by this Will o' the wisp." What the surgeons of Philadelphia have considered the "high professional path of duty," up to a very recent date, I shall soon show.

It is fair to state that at the West, in Chicago, Buffalo, and St. Louis, the discovery received candid consideration.

The great show of dissatisfaction, emanating from those who were not contented to receive this great discovery tranquilly, and to recognize it as such, was directed against the patent right connected with its early history; but so soon as the discovery received the confirmation of European testimony, it was providentially discovered that the patent was probably invalid, and hesitation and opposition rapidly subsided, although for some weeks the enthusiasm of periodical medical literature was tempered by the character of the reports which reached us from the other side of the Atlantic.

The article before alluded to was, I believe, the first published in the European Journals. The discovery, then, rested in Europe upon the identical evidence which introduced it to the medical community this side the water, and it is interesting to observe what was the attitude there assumed towards it.

Upon the arrival of the steamer of December 1st, private notices were at once forwarded to many of the eminent surgeons in London, who zealously investigated the subject. Mr. Liston, who amputated a leg, was, on the whole, successful. Yet there, as elsewhere, doubtful cases occurred. A signal failure happened at Guy's Hospital. Other cases of incomplete success contributed to place the subject upon doubtful ground. Notwithstanding these failures, the mere chance of producing



insensibility to pain once demonstrated, aroused an inconceivable enthusiasm in the surgical world. The English Journal which announced the discovery, remarked, in an editorial, "The discovery seems to have *a remarkable perfection about it*, even in its first promulgation." "We suppose we shall hear no more of mesmerism and its absurdities as preparations for surgical operations." And of it and Liston's case it says, "it is almost impossible to discredit the statements contained in the communication referred to." A similar tone was held by other leading Journals, experiments were instituted in all the leading hospitals, and new evidence daily arrived from the provincial towns.

Information was conveyed to Paris, by a private letter, in the month of November, 1846. The incredulity of surgeons prevented its early adoption. Velpeau "politely declined" to experiment upon it. When, however, in January, the accumulation of evidence arrived from England and America, a new interest was at once excited. Experiments, the majority of which had previously been failures, were now instituted under the auspices of a Boston inhaler which soon arrived, and before the first of February, the two great surgeons, Velpeau and Roux, averred, in the presence of the two Academies, that the discovery "was a glorious conquest for humanity." The news rapidly spread through the European cities, and over the civilized world.

Once, and only once, out of the country of its birth, did a government discountenance the discovery.

In this country, where no legal form hinders any individual from purchasing a bottle of prussic acid for his own private consumption, such interference excites comment; but when we remember that a court adviser is quite like to be some one philosopher who has become too wise for innovation, an error of judgment emanating from such a source is less remarkable.

In thus detailing the early narrative of the discovery I have endeavored to present, as far as I am able, the contemporaneous and accumulating evidence of experiment, in order to show how far, at each step, new experiments were justified, and also to exhibit in this relation, the various attitudes of those who were to be the instruments of its progress. And this is important. At various points in its history those who stood between this agent of mercy and the world, those to whose lot it fell to deal out to mankind this inestimable blessing, have seen fit to refuse it to the unhappy victims of surgical art, and have condemned them to severe suffering which might easily have been avoided.

It would be illiberal to assign or to impugn the motives of those who occupy this position; nor do I conceive it would be attempted by those who know the variety and complication of the secret agencies of human action. Yet a wide influence is diffused by many such, and it is impossible to calculate how far the mass of human misery may be augmented by such opinions joined to authority.

However easy it may be for an individual or body of individuals to promulgate what they conceive to be their convictions, yet if there is a



chance of error in these convictions, and if that error tend considerably to increase the aggregate of human suffering, it will be readily conceded that the world has a right to question how far such convictions may be tenable. Fortunately for this purpose, human reason is identical in all. To establish how far etherization ought to be adopted by the world, let us re-examine the evidence in relation to its more obvious conclusions.

Ether was said, in one instance, to have produced insensibility. In another experiment, it made an individual unconscious of the drawing of a tooth. Twenty or more experiments were immediately instituted, with nearly the same effects and no accidents.

These were certainly novel and striking circumstances. They were calculated to arrest attention. They presented credentials which had a right to be examined. Ether had a right to be tried, candidly and fairly, unless it could be shown that its previous bad character forfeited all claim to further consideration. What, then, was its previous character? What is the *a priori* evidence upon the danger of ether on the one hand, or upon its narcotic power on the other? And, first, the danger rests mainly upon the evidence of the gentleman in Brande's Journal, the druggist's maid servant, and the young man of the Midland Medical and Surgical Journal; on Orfila's dogs and Brodie's Guinea pigs.

I put against these cases the hundreds of young men who had been for years harmlessly exhilarated by ether; I add to these well-known facts, the half hundred cases which occurred in a few weeks after the discovery; and re-affirm that, as far as danger goes, ether, before the end of 1846, had a right to be tested anew. Analogy fortifies this ground. It points to a state of dead drunkenness effected through the air tubes, as corresponding to a similar state effected through the stomach. Patients dead drunk had lost their legs without pain; others had come to instantaneously when alcohol was pumped out of their stomachs. Why should not the lungs become the recipient of the inebriating agent, and respiration be the resuscitating stomach pump? This analogy, which still holds good, was distinctly alluded to in the original article upon the subject of ether inhalation.

Many people had died when alcohol was not thus pumped out of their stomach; and might they not well die when the atmosphere of a room was surcharged with ether, and they asleep in it? If the argument from analogy proves anything, it proves that it is no more dangerous to be narcotized by inhaling ether, than to be dead drunk with alcohol. I hold, then, that at the time alluded to, the middle of November, 1846, neither analogy nor fact forbade the use of ether.

At this date, too, certain doubters shook their heads and talked of *mesmerism*. Now there was something in the previous knowledge of ether which widely separated it from such pretended agencies, whose phenomena are opposed to our experience of the order of nature. Ether is very different from mesmerism, and I think it must have occurred to any one who fairly investigated the subject, that it was quite possible, and even probable, that what was now affirmed of twenty cases, was,



unlike mesmerism, likely to be true from all previous evidence ; though we should not expect from all, the discrimination of one, well known in the professional and scientific world, who, hearing, on the day of the first experiments, that inhalation had produced insensibility to pain, exclaimed, as conviction flashed upon him, “ I believe it ! It can be done ! Ether will do it ! ”

But even mesmerism, in spite of the bad odor of repeated failure and deception, has not unfrequently obtained a candid hearing ; a fact which contrasts with the philosophy that refused to give ether an impartial hearing, even after it was invested with the accumulated evidence of experience.

A hundred promiscuous cases rapidly occurred ; often in the face of hundreds of spectators, not one of whom attributed the results to deception or imagination. Many of these cases were detailed in papers published by Drs. Warren, Hayward, Peirson, Townsend, J. M. Warren, Parkman, and many others, of equal credibility. The mass of evidence of authenticity swelled as it rolled onward, month after month, to every part of this country and of the civilized world ; and yet in November, 1847, more than a year after the discovery, we find it stated that in one of the largest hospitals in North America ether “ had not been tried at all.”

How different was the attitude of the London surgeons, who, only eight weeks after the first discovery, and with far less evidence than lay at the disposal of any one this side the water, hailed the American discovery with generous enthusiasm. The gentleman to whom the communication above alluded to was sent, was kind enough to return to me the replies received from some of the leading medical men. Thomas Bell writes, “ I fully intend to try it the first opportunity. The cases are very satisfactory, and the whole affair most important.” Liston says, December 21, “ I tried the ether inhalation to-day, with perfect and satisfactory results,” and at once writes, “ It is a very great matter to be able thus to destroy sensibility to such an extent without apparently a bad result. It is a fine thing for operating surgeons, and I beg to thank you most sincerely for the early information you were so kind as to give me of it.” Of Liston’s case of amputation, which is usually supposed to have carried with it extraordinary conviction, Sir James Clarke says, “ The man said that he felt something was doing with his leg, but it was not pain.” Yet he does not hesitate to avow that “ it is really a marvellous thing.” December 17, Richard Bright, in spite of information from Guy’s Hospital that “ they had completely failed to produce the desired state of intoxication, apologetically writes, “ However, there must have been some want of skill in this first attempt, and I can scarcely doubt that future experience will lead to better success.” Lastly, Dr. Forbes adds to the American communications Liston’s case, and writes, “ I have sent copies of the enclosed to all the newspapers, so that I hope all the world will soon have the great news.”

Here was the effect of evidence upon the scientific mind of Europe. Now it is unquestionably very respectable to doubt. The world may not question the judgment of those who suspend their judgment. Yet there are times when doubt is sophistry and indecision culpable. Rich-



ard Bright did not delay to forward the news to Guy's Hospital, "that no time might be lost in affording so great a relief to any who might be in the unfortunate condition of being obliged to undergo a serious operation."

May not the motive of relieving human pain induce the appointed officers of public charities to ask what is the nature of this anodyne, in whose behalf united nations rise to testify? Is it supposed that one of these gentlemen would lose his own arm without invoking ether? Shall none remonstrate, when those appointed to alleviate human suffering in meting out the accumulated charities of years, virtually avow, that, having tried no experiments, and comparatively ignorant of the subject, they consider that the decision of mankind is wrong; and, therefore, they condemn, not themselves, nor yet the reasoning community who resist their influence, but their helpless hospital patients, to the horrors of the knife!

If these consequences were limited to the sphere of a few institutions, the public would have a proportionally limited interest in the subject; but the wide-spread influence which such institutions exercise upon their own section of the country, and upon the large community of which they are the scientific centre; and the indirect influence they may have exercised upon governments, render it imperative at least to exhibit the actual value of the influence they choose to exert.

[To be continued.]

## MARINE HOSPITALS.

[Communicated for the Boston Medical and Surgical Journal.]

THE March number of the Medical Examiner contains an elaborate article upon "Marine Hospitals," the object of which is to demonstrate the advantages of annexing them to the naval hospital establishment of the United States; the joint concern to be under the control and supervision of the Chief of the Naval Medical Bureau, and administered by officers of his appointment—that is, Surgeons of the Navy. A formidable array of statistics is introduced, to show how *much money* might be saved by such an incorporation; and how little qualified the present physicians of marine hospitals are to conduct their trusts, on the score of their small pay. The statistics cover the period from 1836 to 1846; probably because they suit the views of the author of the paper, that the expense of marine hospitals greatly exceeds their revenue, as he is careful to close his exhibit with the latter year, when the revenue exceeds the expenditure by more than \$1000. The author does not appear to perceive that all his remarks concerning the impossibility of getting competent physicians to superintend marine hospitals at \$1000 per annum, apply with equal, if not greater force to the navy, which in his judgment contains the highest medical talent of the country; for, according to his own showing, an M.D. must serve a great many years before he attains the rank of Surgeon with precisely the same salary.



The age in which our lot is cast, is marked, above all, by fertility of expedient; and prominent among the folks of the day, and typical of the times, is a class of project-mongers, who believe that every change is wisdom; and innovation, no matter how ridiculous, indicative of manliness and independence of spirit. A profession of philanthropy and disinterestedness is made the cloak of every bald scheme, though happily it too often impairs only the vision of the projector, leaving patent to those who cannot profit by change, the emptiness and arrogance of pretension.

The present paper is but the re-vivified corpse of a similar plan, which was quietly interred by the last Congress; the chairman of the Committee of Commerce being too practical a man to be caught by its speciously projected utilities. Divested of its embellishment, the scheme is nothing more nor less, than to increase the number of *shore stations* for naval surgeons, and ultimately, perhaps, to augment their number. With this, however, we have little to do; though we have a word or two to say concerning the benefits of annexation, so laboriously, if not luminously, exhibited.

The medical establishments of the marine and naval service are essentially distinct, in their organization, mode of support, internal police, and general arrangement; the patients also are differently circumstanced; the merchant sailor's service ends with his voyage, while the naval seaman is bound to the Government for a series of years; so that it requires neither foresight nor argument to demonstrate such confusion from their incorporation, as to defeat any imaginary benefit, existing in the mind of the author, who modestly disclaims all praise for the suggestion.

Naval hospitals are now supported from the naval hospital fund, which is built up by a tax of twenty cents per month upon the pay of every officer, seaman and marine; and the additional contribution of one ration or twenty cents per day for every day's subsistence in hospital. The fund now amounts to about \$200,000, and its annual income may be assumed at about \$25,000. The author of the paper under consideration represents the annual income to the fund, at \$10,000; and as this statement illustrates the general accuracy of his statistics, it may be worthy of examination. The number of seamen, boys, marines, &c., is now fixed by Congress at 10,000; the officers of all classes are about 1500 more. All these pay the sum of \$2,40 per annum. Making the annual income, from this source alone, \$27,600; and if the number of sick in hospital be such as he represents, \$16,000 more may safely be added for the value of stopped rations. The annual income would thus be \$37,600. Even under the *peace establishment* fixed by law, at 7,500 men, boys, &c., with the 1500 additional officers, and value of stopped rations, the income would be about \$30,000. A slight error for one who deals so confidently and profusely in figures.

If the naval hospitals usually contain the number of patients exhibited in this paper (which, by the way, will be received with some caution), it is obvious that they could not contain the large additions from the merchant marine, without a previous enlargement of accommodation,



whether for physicians or patients ; especially as, besides the sick of both services, he proposes to provide a permanent home in these establishments for large numbers of those who have passed twenty years at sea. The author estimates the number engaged in the merchant service, at 160,000 men ; probably about 50,000 beyond the actual number ; and we leave it to his sagacity to determine how many of these would elect a life of idleness in his eleemosynary abodes, instead of earning a livelihood by honest industry. To effect the necessary enlargement of buildings, even on the most moderate scale, would absorb the whole fund, before the work was well begun ; and hence would create a heavy draft upon the Treasury, compared with which the annual appropriation for marine hospitals would be found a very small affair.

The idea of levying a large tax, thirty cents per day, upon merchant sailors, when admitted to naval hospitals, seems to have a peculiar charm for the author ; as it may be viewed, perhaps, as a tribute to the superior attainments of naval surgeons, *proved* by their greater pay.

So far as our knowledge extends of the respective establishments in this vicinity, we can readily believe that economy might be subserved, by reversing the proposed incorporation, i. e., by boarding the *very few* patients in the Naval Hospital, in the Marine Hospital adjacent to it. The average number in the Naval Hospital at Chelsea, since its organization, does not exceed, if indeed it amount to, ten patients per day ; for a period of nearly two years it was entirely closed ; yet the medical officers and their attendants were still on pay ; and if we were to add the salaries of these employ  s to the current expenses of maintaining the sick, it would destroy every argument adduced in favor of the author's plans.

Another specimen of statistical accuracy may be found in estimating the hospital fund derived from merchant sailors. Our author quotes the law which exempts men employed in fishing vessels from the tax of twenty cents per month ; and yet he *includes* these *very men* in making up his amount, mainly, it would seem, to prove the unfaithfulness of collectors, in collecting or properly appropriating the accruing moneys ; his amounts, too, are comparatively small, because he estimates the number much higher than the last official report we have seen on this subject. With such errors as we have noticed, and they are by no means the only ones we might point out, did time or space permit, it may be reasonably doubted whether there be such a difference in favor of naval hospitals in the cost of supporting the sick, as our author indicates.

It is objected that marine hospitals are supplied by contract, and that this arrangement places considerable patronage in the hands of the Collector for political purposes. But whatever force there may be in such an argument, applies equally to the naval establishments, as contracts for supplying the latter have been published within a year or two among the "public documents." This arrangement is still in force here, whatever may be the practice elsewhere.

It is quite apparent, however, that the grand design of the author is to give an artificial importance to the Naval Medical Bureau, by loading it with extra professional services, which require business tact and clerical



attainment to discharge ; and to provide *permanent shore stations* for those surgeons who *seek to evade* their *proper share* of duty at sea. Whether any of the advantages contemplated by our author, would result from such an experiment, must be determined by those who are better capable of judging the Medical Bureau than ourselves, though we have our doubts upon the subject.

We are glad to learn from the author that some respectable medical officers of the navy memorialized Congress against the adoption of his favorite measures ; we hope that enough men of sense will always be found to put down effectually all such attempts in future. Naval surgeons are tolerably well cared for as they now are ; and we might insert a word of wholesome caution, that those reforms which tend to our own benefit at the expense of others, are more apt to disappoint their originators than injure those they are aimed at.

A project of a bill concludes the article ; in the author's estimation, it is so perfect as to forbid curtailment, though of most frightful length. As it cannot be improved, Congress will be saved the labor of examination and discussion, *whenever* it may be taken up.

Our practical commercial men will smile at the crude suggestions about *tonnage duties* ; while grave legislators might find subject of merriment throughout.

Those interested in the support of marine hospitals upon their present basis, require no better aid than such articles as we have indifferently attempted to show up.

The author, in the heat of his zeal in the way of reform, indulges in some discriminating remarks between the very busy men who meddle with every body's business, and those humbler folks who content themselves with fulfilling their duties ; though common experience proves the latter to be the safer men. *Ne sutor ultra crepidam*, contains a germ of wisdom, which we would commend to the author's careful consideration ; believing, when he derives all the benefit it is capable of conferring, he will leave the task of legislating to those whom nature has better qualified for such work.

#### ETHEREAL SOLUTION OF GUN COTTON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I am very happy to see, in your Journal of the 29th ult., that my friend Mr. Maynard has so extensively demonstrated the applicability of Professor Schonbein's ethereal solution of gun cotton to all the various surgical uses to which I alluded in my paper of the 22d.

I confess that it would have been more gratifying to my own spirit of emulation, not, I hope, an ungenerous one, to have been able myself to multiply experimental evidence of what I could only suggest. But the state of my health has been such during the past year, as to preclude any such pursuit, when other interruptions have not prevented. What-



ever merit there may be in the priority of its surgical application, I must, however, claim for myself, on the grounds which I beg leave to expose. I shall endeavor to establish this claim upon such historical evidence as I can at this moment command.

I find, upon reference to Mr. Bulfinch, Rec. Sec'y of the Boston Natural History Society, and also to Dr. Charles T. Jackson, that the solubility of gun cotton in sulphuric ether was demonstrated by him before that Society Jan. 6th, 1847—and that I was present at this meeting. This is the date of my first information upon the subject.

Upon referring to Dr. J. B. S. Jackson, I find that on the evening of the 2d of Jan., 1847, he presented me with a leg, from the foot of which I took a plaster cast. Delays, consequent upon my inexperience in working plaster, made it some days before a fit cast was obtained. Any person in the habit of making models from this article, must know very well that a considerable time is required, especially in cold weather, for them to dry after their removal from the mould. As this last was kept in the room in which I was dissecting the leg, which was warmed during but portions of the day, and then but imperfectly, the drying was necessarily very gradual, detaining me from varnishing it, two weeks, if not a longer time.

About the middle of Feb., 1847, or earlier, I sent this cast to Dr. Sargent, of Worcester. Its varnishing with this solution had been completed at least a week before I sent it. I am able to recollect this accurately, from the fact that after varnishing it, I was a long time in fitting to it a sandal as an additional ornament.

It follows, then, that the cast was varnished between the 3d week in Jan., and the end of the 1st or early in the 2d week of Feb., 1847. I am able to state this very positively, from the circumstance of my brother's returning from a southern tour at this time, while I was thus engaged as he states. It is not impertinent to add here, that the first bottle of this solution of gun cotton which I ever prepared and possessed, and from which I varnished this cast, was very thin, as my friend Mr. Maynard, who shared it with me, will no doubt remember, and consequently many coatings were required for a proper thickness of the gum. As I applied it with a little camel's-hair pencil, and had but a very small portion of each day to devote to it—being then engaged in attending medical lectures and copying copious notes—I was very slow, and, as nearly as I can remember, was about a fortnight in completing the operation.

This opens the way to my first application of the solution to surgery, after having accidentally smeared a cut on my own finger. For a statement of this, I append a letter from Mr. Samuel Hathaway, of the firm of Hunt & Hathaway—a gentleman well known in the mercantile community.

Boston, March 31st, 1848.

*Mr. S. L. Bigelow.*

DEAR SIR,—Upon my return from New York this morning, I found your note of the 30th; and in reply would say, I distinctly remember your applying your gun-cotton varnish to a wound on my child's hand in



the winter of 1847. I can only fix the time by the fact that it was while you were engaged in varnishing the plaster cast of a foot which you were then dissecting at your room in the house where I was then boarding. It was about this time that it was applied (I am informed by Mrs. H.) to a cut on her thumb. You applied it with a little paint brush. You spoke then of having accidentally covered a cut on your own finger with it.

Yours truly, S. HATHAWAY.

I support my claim, then, for the priority of the application of the adhesive solution of gun cotton in surgery, on these facts :

1st. The plaster cast, which was varnished between the middle of January and the fore part of February, 1847, is the only article which I ever varnished with this solution.

2d. I did not furnish my friend Mr. Maynard with it until after I had myself used it as a varnish for this plaster cast.

3d. That while engaged in varnishing this cast, I applied it three times in surgical cases—1st, upon my own person ; 2d, upon the hand of Mr. Hathaway's child ; and, 3d, upon the hand of Mrs. Hathaway.

To show that many of the uses to which I allude in my first paper occurred to me as early as this time, I will add a letter kindly furnished me by Dr. Sargent, who had not the least knowledge, at the time of writing it, for what purpose I desired the contained information—nor was it written, as will appear by its date, until after my first paper had gone to press.

Worcester, March 15, 1848.

DEAR BIGELOW,—Your note, asking me to relate what I recollect about the solution of gun cotton in sulphuric ether, which you showed me a year or more ago, came to hand this morning.

It was probably very early in March of last year that you showed me a very elegant kind of glue with which you were putting up some minute skeletons. You told me that it was a "combination of the two lions of the day" (I think I have even the phrase right)—a solution of gun cotton in sulphuric ether. I think you told me that the possibility of such a solution was suggested to you by Dr. C. T. Jackson. You demonstrated not only its elegance as a glue, its instantaneous hardening, and its insolubility by water, but also its applicability to simple incised wounds, holding the edges in nice apposition, and screening them from the air, while it allowed the state of things to be observed constantly. I believe that you had even the hardihood to say that such a wound on the hand might be dressed so immediately, and the patient continue all common uses of the hand and all common ablution, without inconvenience. I had a small cut on my thumb, which you dressed accordingly, drawing a little brush wet with the solution over the parts, held for the moment in apposition. I am not sure whether you suggested the same dressing for burns, or whether it occurred to me afterwards, on my brother's telling me how they dressed burns in Paris by the mucilage of gum Arabic. I think it was before all this that you sent me a plaster cast of a foot, varnished with this same solution, so as to admit of being washed. March 6th, 1847, I went to New Bedford, where I talked all this over with Dr.



Bartlett; and on my return from New Bedford, I asked you to send the doctor a bottle of the solution. Yours truly,

JOSEPH SARGENT.

P. S.—It occurs to me that you spoke of the application of this solution to the hands as a means of protection at *post-mortem* examinations, also; and there was various other conversation on the subject, which has passed out of my mind, though I doubt not it might be recalled.

J. S.

Had I been aware of the various and extensive use which Mr. Maynard had made of this solution, I should have alluded to it in my first paper, as a matter of courtesy to him, and also as a matter of scientific interest. I did know, as I have often stated to others, that he was experimenting as well as myself, but was not aware of the extent of his field—my own ill health, and the interruptions alluded to, throwing me more out of the atmosphere of social medical intercourse than it is my wont to be.

As I have entirely forgotten the substance even of my earliest conversation with Mr. Maynard upon this subject, as also that which occurred when I gave him of my first bottle of the solution, I cannot state *positively* that I informed him of my having used it surgically, although I have always been most firmly of the opinion that I did. I am therefore willing to admit that he may even have made the surgical application of it, independently of any information from me, though I had already, at this time, made such use of it three times successively, as above shown.

Worcester, April 1st, 1848.

SAMUEL L. BIGELOW.

*Note.*—March and a part of April, 1847, I spent with Dr. Sargent, in Worcester. April 25th, I accompanied a sick friend on a journey to the South. On my return in July, I immediately entered upon arduous duties at the Children's Infirmary—*supplying two vacancies*, and writing, at the same time, an elaborate medical essay (upon tubercular meningitis). After leaving this institution in August, 1847, completely worn out, I spent a few weeks in the country. From the time of my return until I *re-commenced*, during the past winter, my experiments with the adhesive solution of gun cotton, my health has been such as to unfit me for the vigorous prosecution of any scientific pursuit, to which Drs. Jacob Bigelow and J. B. S. Jackson can testify. I make this statement at length, that it may not appear that a loss of interest had induced me to abandon in a measure the pursuit during this time.

#### SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE LIQUID.

*To the Editor of the Boston Medical and Surgical Journal.*

FOR more than a year I have been making experiments with the adhesive solution of prepared cotton, some account of which I lately communicated to the readers of your Journal. The cases in which this new adhesive liquid has been surgically applied, have been over a hundred. Some of



these cases I propose to communicate, from time to time, to you for publication. As you have but a small space in the *Journal* of this week that can be appropriated to my purpose, I shall, at this time, speak only of two or three cases, and of these very briefly. Previous to the month of April, 1847, I had used the new plaster in many minor cases of surgery. These cases were important, as they proved the value of the new dressings with which they were treated, but beyond this they offer nothing of interest.

The first case of particular interest, and which is worthy of being recorded, is the following. About a year ago a mechanic came into the office where I was studying, and stated that one of his fingers had been crushed by the fall of a bar of iron upon it, and that it must be amputated. On examining the finger, which was the middle one of the left hand, I found that the flesh had been extensively torn and lacerated, and that the bone had been laid bare. As no proper care had been taken of the wound, it was studded in many points with unhealthy or fungous granulations. Believing that the finger might be saved if properly treated, I refused to amputate it, and proceeded to dress it with the adhesive liquid. The morbid granulations were touched with the nitrate of silver, and the wound thoroughly cleansed. Having prepared a sufficient number of strips of cotton cloth, I attached the end of one of them to the palmar surface of the finger by means of the adhesive liquid. The strap was then carried over the wounded finger in such a manner as to restore the parts to their natural position, and its free extremity was attached to the opposite side of the finger. Other straps were applied in the same manner, until the finger was surrounded with a succession of these adhesive straps. In the course of a few minutes the dressings became dry by the evaporation of the ether contained in the adhesive solution, and constituted a firm and inelastic casing to the wounded finger. The patient expressed great relief from the almost constant pain he had suffered since the date of the injury, and on the next day he resumed his employment, which was that of a carpenter. Expecting that suppuration would take place in the wound, and that pus might accumulate under the dressing and give pain, I gave the patient directions to puncture, with a common pen-knife or needle, that part of the bandage where the pus might show itself. I also directed him to loosen or even remove the dressing by a pen-knife, in case the finger should swell and cause insufferable pain, and to report to me the condition of his wound in three or four days. I heard nothing from him for the space of three or four weeks, when I learnt from him that he had experienced no pain or trouble in this finger since it was dressed by me, and that the dressing had never been removed until the wound had perfectly healed.

The next case treated by the new adhesive liquid, that is worthy of notice, was that of a gentleman who received a kick from a horse in May, 1847, on the front of the right leg below the knee. The flesh was badly lacerated, and the tibia exposed. The patient suffered much pain, and expressed himself as unable to move his limb. The wound was dressed, in the course of an hour from the time it was inflicted, in the following



manner. The parts were first cleared from blood, the edges of the wound were placed in near apposition, and the whole wound was moistened with a thin coating of the cotton solution, by means of a hair pencil. A thin layer of raw cotton was then laid over the surface and agglutinated by a fresh addition of the adhesive solution. The integuments were thus supported and protected, and the patient was enabled to walk immediately without much trouble. In this case suppuration took place, and the bandages were occasionally removed and re-applied. The wound healed favorably, and the patient was not confined any day to his house.

J. PARKER MAYNARD.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 19, 1848.

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*American Medical Association.*—The next meeting of this Association—or, rather, its first annual meeting under its present title—takes place in Baltimore, the first Tuesday in May next. The names of many of the Delegates appointed, in different parts of the country, have been published in this Journal, but it is impossible for us to give them all. The attendance must, from present appearances, be very large, and great good may be anticipated from the friendly meeting of so many of the profession from distant and opposite portions of the Union. We are requested to call attention to the following Resolutions, adopted on the formation of the Association, in Philadelphia, last year.

“*Resolved*, That the Delegates of every society or association represented in this body, be requested to send to the secretaries the form of organization or act of incorporation, and constitution of their society or association, with a list of its members.”

The documents called for by this Resolution, may be sent either to Dr. Stillé, Philadelphia, or to Dr. Dunbar, Baltimore.

“*Resolved*, That the delegates to this Convention be requested to ascertain, as far as practicable, and report to the next annual meeting, the number of practitioners of medicine in their respective States—designating the number who may have received a diploma from a medical college, the number who may have been licensed by a medical society, and the number who practise medicine without any authority whatever.”

We are also informed, that book publishers, authors, instrument makers, chemists, apothecaries, &c., who may have any new book, instrument, chemical preparation, or other similar matter, which they may wish brought to the notice of the Association, may send such articles, by the 30th of the present month, free of expense, to the Chairman of the Committee of Arrangements, Prof. Geo. C. M. Roberts, M.D., Baltimore, who will bring them to the notice of the members, and hold the articles subject to the order of the owners.



*The Massachusetts Medical Society.*—A difficulty has existed in bringing within the embrace of this Association, all the well-qualified physicians of the Commonwealth. Some have not liked the payment, it is averred, of an annual tax of three dollars—particularly those who are located so far from the business centre of the Society, Boston, as to make it expensive, and not always convenient, to attend; and such, believing that they could not receive an equivalent for their money, in becoming members, have wholly declined all connection. Others, who are excellent, stable-minded, staunch friends, and have exerted themselves to uphold the character of the Society, with veteran determination, have found themselves at times in embarrassment, in not being able to consult with a practitioner who does not belong to the Society—a certain by-law forbidding them to do so. All this has been discussed over and over again in the Council; and from a conviction that a modification of the Society was needed, and with a view of gathering into one fold all the respectable practitioners of the State, a committee was chosen at the February meeting of the Council, to digest a plan for the re-organization of the whole fabric of medical association in this ancient Commonwealth. Dr. John Ware, of Boston; Dr. Dalton, of Lowell; Dr. Peirson, of Salem; Dr. Childs, of Pittsfield; Dr. Lewis, and Dr. J. V. C. Smith, of Boston, were appointed, and held their first meeting April 7th, which was adjourned over to Monday the 12th, when a series of propositions were unanimously adopted, to be presented to the members on the next anniversary, for acceptance or rejection, as may then be decided. It is confidently expected, however, that the alterations proposed will meet the cordial concurrence of all parts of the State, and that harmony, prosperity, influence and usefulness will follow their adoption.

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*M'Clellan's Surgery.*—Unfortunately the manuscript observations prepared for the Journal, relating to the Principles and Practice of Surgery, by the late George M'Clellan, M.D., of Philadelphia, were mislaid. This has occasioned delay in noticing the work, which, however, will soon be remedied.

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*Chelsea Marine Hospital.*—A court of inquiry was in session last week, at the Custom House in Boston, in regard to the doings of the surgeon of the Marine Hospital, at Chelsea. Judge Merrick, of Worcester; Dr. Hooper, of Fall River; Wm. Sturgis, Esq., of Boston; and Dr. Mahan, of Washington, constitute the board. In the mean time, Dr. Loring, against whom charges of neglect of duty, &c., have been presented, is on his way to France, on leave of absence, from the Secretary of the Treasury, by whom the present meeting has been ordered. The case presents, therefore, some anomalies, since the accused is on the high seas, and bearer of government despatches, while undergoing a trial for neglect, &c. There were two distinct specifications, as we understand, viz., that the incumbent had neglected the duties of the office of surgeon, and that he was incompetent to discharge those duties. Dr. Loring is a gentlemanly, high-bred man, whose medical education wholly forbids the idea of incompetency in the discharge of his professional obligations. On the contrary, we imagine that it will be conceded everywhere, that he is an accomplished and thoroughly-taught physician and surgeon. With respect to the alleged neg-



lect of the institution, we have no knowledge. We hope that Dr. Loring will have the opportunity of meeting his opponents on his return, face to face, and that he will be successful in showing that he has conscientiously discharged all the labors that have devolved upon him in the administration of the affairs of the Hospital.

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*Medical Matters in Philadelphia.*—We are happy to announce the election of George Fox, M.D., as Surgeon to the Pennsylvania Hospital in the place of the late Dr. Randolph.—Thomas F. Betton, M.D., has been appointed Professor of the Principles and Practice of Surgery, in the Franklin Medical College, in the place of C. C. Van Wyck, M.D., who resigns in consequence of intended removal from Philadelphia.—The number of matriculants in the Medical Department of the University of Pennsylvania, in 1847–8, as shown by the catalogue, was 508, of which 47 were graduates of this, and 18 of other institutions.—The catalogue of the Jefferson Medical College contains the names of 480 as attending the lectures, of whom 58 were graduates.—*Medical News.*

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*Ethereal Solution of Gun Cotton.*—This new *Boston notion* bids fair to compete for celebrity with its predecessor, the letheon. From the fact that the advertising sheet of the Boston Journal is filled with advertisements for the sale of the new article, we infer that there is a brisk demand for it at Boston. We commend to the attention of our readers the communication in the eclectic department of this No., on the subject. Mr. Bigelow, we are informed, is a medical student. The honor of the discovery is contested by Mr. John P. Maynard, a fellow student of Mr. Bigelow. We trust the parentage of the new discovery will be settled with less discussion and ink-shed, than in the instance of the letheon.—*Buffalo Medical Journal.*

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ERRATUM.—In last week's Journal, the name Dr. *Dickson* was unintentionally written, instead of *Dixon*. The error originated in not having the original manuscript at hand, and the pronunciation of the names being the same.

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TO CORRESPONDENTS.—Dr. Williams's Medical Lecture has been received; also the continuation of Dr. Wallace's article on the Eye.—Prof. Shipman's report of cases will be thankfully received.—“W.” recommends that a vote be taken, at the next annual meeting of the Massachusetts Medical Society, on the subject of excluding homœopathists from the Society.

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MARRIED,—At New York, Thomas C. Chalmers, M.D., to Miss M. Heard.

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DIED,—In Glover, Vt., Dr. Frederick A. Garfield, 30.—At Canaan, Conn., Dr. Samuel Clessan, 65, formerly of Wayne Co., N. Y.—At Newark, N. J., Dr. John S. Condit, 47.—At Cincinnati, Dr. Taylor, of Allenville, shot while in the act, say the papers, of disinterring a body.

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*Report of Deaths in Boston*—for the week ending April 15th, 57.—Males, 32—females, 25.—Stillborn, 3. Of consumption, 11—typhus fever, 2—lung fever, 8—scarlet fever, 4—infantile, 4—poison, 1—marasmus, 1—dropsy on the brain, 2—disease of the brain, 2—disease of the hip, 1—teething, 3—smallpox, 1—inflammation of the bowels, 1—convulsions, 1—pleurisy, 1—accidental, 1—croup, 3—paralysis, 1—measles, 1—disease of the liver, 2—debility, 2—dysentery, 1—inflammation of the lungs, 1—intemperance, 1—suicide, 1.

Under 5 years, 20—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 5.



**Medical Miscellany.**—An epidemic, known in Prussia by the name of "black small-pox," is committing great ravages in several towns of Upper Silesia; at first it attacked the poor, but has now spread to the higher classes—A slight epidemic disease has shown itself at Poonah, in India, which is called there, the English cholera—Dr. Bon-yun, the English Commissioner appointed to visit and report upon the condition of the various descriptions of immigrants, located on the several cultivated estates in Demerara, calculates that of 15,000 emigrants introduced into that colony at the public expense, nearly one half have been swept away by disease incidental to the climate.—Smallpox has appeared at Wellfleet, on Cape Cod.—Typhus fever has not shown itself in immigrant vessels yet; but as the season advances, and in the crowded condition in which they arrive in this country, its development is to be apprehended.—Medical lectures at the College in Quebec, will commence early in May, and continue till autumn. The opportunities for students are excellent. The French language may also be acquired by them.—Dr. Griffin, of Indiana, has recently been wounded in a duel—Ezekiel Lane died at Buffalo, aged 102.—A. B. Shipman, M.D., and Daniel Meekins, M.D., have been appointed delegates to the meeting of the American Medical Association in Baltimore next month.

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The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & James C. Ayer, Lowell; William P. S. Caldwell, New Bedford; Bagg & Co., Cabotville; in Maine, Joshua Durgin & Co., Portland. G. W. Ladd and Aaron Young & Co., Bangor, Eben Fuller, Augusta, Wm. Dyer, Waterville; J. Balch, Jr., Providence, R. I.; Andrew Truax, Schenectady, N. Y.

Jan. 1.—lan.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII. WEDNESDAY, APRIL 26, 1848.

No. 13.

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## CASE OF STRICTURE OF THE COLON, EXISTING FOR MANY YEARS.

BY S. WEBBER, M.D., CHARLESTOWN, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

FOR many years I had occasionally attended Mrs. N. P., a woman naturally of a slender constitution and nervous temperament, and when I first knew her for several years a subject of confirmed ill health, laboring under a chronic derangement of the digestive organs, which Marshall Hall includes within the group of maladies he has called Mimoses. She was thin, and looked worn and haggard for her years, which were not above six or seven and twenty. Her skin was sallow, her appetite irregular, digestion frequently painful or imperfect, and bowels irregular, with a general tendency to constipation; tongue pale, and frequently coated with a thin, dirty-looking mucosity. She had tried many physicians and many remedies, but was wanting in the energy and perseverance necessary to pursue any course effectively. When I was called in any more acute paroxysm of her complaint, I could readily in a few days get the exaggerated symptoms substantially relieved, but when she had regained her usual miserable state, I found it in vain to expect or persuade her to do anything more, and was forced to content myself with then leaving her to her own guidance.

In the latter part of the year 1843, I was called to her in one of these exacerbations, which she had not experienced before for a year previous. The medicines that I gave her to free the bowels, brought away two or three lumbrici. This circumstance made a strong impression upon her hypochondriacal feelings, and she conceived that the whole of her troubles was owing to some great collection of these parasites, and was urgent with me to take effectual and active measures to exterminate them. I represented to her that it was altogether probable that the presence of these was but accidental, and that though they might have increased the difficulties under which she labored, they were by no means the cause of them; and that any very active remedies, frequently used in such cases, were altogether unsuited to the state of her digestive organs, and would be productive of injury.

A course of gentle alterative and tonic medicine was prescribed for her, under which she was gradually recovering her usual state of health,



when she thought it expedient to change her physician for a young man who had lately come into the town, giving himself out to be considerably above the common run of physicians in skill and acquirements ; and as, in addition to thus "blowing a long trumpet," he also "rode a sectarian horse," some were found to give full credit to his professions, and it was recommended to my patient, by some officious neighbors, to employ him, with the assurance that "he would give her a good dose or two that would set her up at once." He was accordingly sent for, and I took my leave.

It was soon pronounced that the patient was afflicted with a tape worm, and all the pungent anthelmintics and drastic purgatives, that had been found efficacious in such cases, were put in requisition, to the great distress of the patient, but not to the destruction of the worm, though it was said that from time to time great quantities of it came away. Still no relief ensued, and something was wanted to establish the reputation of the doctor. There happened at that time to be a professor of mesmerism in the neighborhood, and he was asked to give his assistance in the matter. A susceptible female was accordingly magnetized, and being put in communication with the sick person, she said that she saw coiled up, in the person's intestines and stomach, a long reptile, with four red eyes and a large mouth, the head of which was occasionally erected towards the throat, with open mouth, as if seeking for food ; but that when anything medicinal or nauseous was swallowed by the patient, the mouth was closed, and the head bent downwards, while if anything sweet or good was swallowed, the reptile imbibed it with eagerness.

This was deemed a fair description of a tape worm, and an undeniable confirmation of the doctor's diagnosis. The mesmerizer, according to the usual formula in such cases, was then required to indicate the proper and necessary means of dislodging this unwelcome inhabitant from the stomach, of which it had so unceremoniously taken possession. The means prescribed were to get the reptile thoroughly intoxicated by a large potation of sweetened spirit, of which it was declared to be very fond, and while sleeping off its festive debauch in happy unconsciousness and incapable of making resistance, to assail it with a powerful dose of physic, by which it would straightway be dislodged from its domicile, and hurried, *nolens volens*, into the outer breathing and lightsome world. Notwithstanding a considerable temperance excitement at that time, it was thought exceedingly proper that a tape worm should get drunk, and accordingly a very large potation of good N. E. rum, well sweetened with molasses, was exhibited, and in due time, when the worm might be supposed to be enjoying its *siesta*, it was followed by an equally liberal portion of spirits of turpentine, subsequently re-inforced by some active cathartic. A very active effect was produced upon the bowels, and a large quantity of something long was discharged, which was declared to be the principal portion of the tape worm, and was triumphantly seized and bottled up in a portion of the same treacherous spirit which had decoyed it to its end.

But notwithstanding the jollification of the tape worm, and his subse-



quent "enticement" from his lodgings, the patient, so far from being better, rather seemed the worse for the proceeding. The bowels were more irregular and troublesome than ever, her general sufferings were much augmented, and from time to time, under the operation of purgatives, large quantities of what were called "cut up" portions of the tape worm were passed, even in increasing quantities, showing how formidable and endless must have been the dimensions of the reptile, a sort of intestinal kraken. This state of things was supposed to require a further exhibition of expulsive remedies, and they were given without any change of symptoms, save from bad to worse, till at last the unfortunate woman believed herself, and was believed by her friends, to be moribund, and further medication was given up as useless, and the doctor desisted, from his well-meant, doubtless, but ineffectual endeavors to rid her of the remains of his unconquered opponent, after the siege had lasted some three or four months.

When relieved of the physician, nature, however, showed herself able in some degree to contend with her other enemies, and Mrs. P. gradually recruited somewhat in strength, and obtained a more endurable degree of suffering. After a few weeks I was sent for to attend another of the family, and my former patient, after some expressions of regret for past occurrences, intimated a wish to have me do something for her, if anything could be done to alleviate her condition, for recovery, or even any long continuance of life, she did not seem to expect. I was then made acquainted with the foregoing particulars amongst others, and the carefully-preserved remains of the supposed tape worm were produced for my examination. These I found to consist of a ragged flocculent rope of dense mucus, about the bigness of my little finger, semi-transparent and apparently in places somewhat tubular in structure, though so much twisted and shrunken that it was difficult to ascertain this. The length of it was about three feet. It bore no resemblance whatever to a tape worm, or to any organized structure. I found, upon inquiry, that large quantities of a similar substance, "in strips," as the woman expressed it, were passed at every movement of the bowels, which usually took place every two or three days, sometimes oftener. Upon the examination of these discharges, I found them to consist of a quantity of thin, watery, feculent matter, with here and there small pellets of greater substance, mixed with a large quantity, half a pint or more, of this same mucus, in long, tenacious shreds, often more or less twisted, ragged and irregular; the length of many of these shreds was ten or twelve inches, and even more. They resembled very exactly in general character the mucous strings that may be found in a basket where a dozen or two of large lively eels have been confined for a few hours. There was no doubt that it was a secretion from the mucous membrane of the bowels, in a state of intense and peculiar irritation, accompanied with great vermicular action. Upon the most minute inquiry and examination, I could not find that anything like the gourd-seed-shaped fragments of the *tænia* were or ever had been observed in the alvine evacuations.

The general state of the patient was bad. She was much emaciated, her



countenance sallow, with a haggard and melancholy expression ; her appetite was very poor, and digestion painful ; she complained much of constant soreness of the mouth, and severe smarting, both in the mouth and throat, upon taking anything, however mild and simple, into the mouth or swallowing it. The tongue, however, was but slightly coated, and with a whitish slimy fur, nor were any ulcers or aphthæ to be seen. The under side of the tongue was complained of particularly, and the surface looked shining and irritable, though not more highly colored than usual. She also complained of a constant nauseous taste in the back part of the mouth and throat, and the breath was fetid. She said that she experienced great distress after taking any food, however simple, or even the mildest drinks, but that her greatest suffering was from an almost constant sensation of burning heat in the abdomen, together with a twisting and rolling sensation, and sharp, pungent, lancinating pains, which two last symptoms she referred to the crawling of the tape worm, and to its biting her "insides." The act of defæcation was attended with much suffering, from tenesmus, and heat and pain in the rectum. There was also dysuria, and the urine was scanty, fetid and turbid. She also complained much of a lump, as she called it, or what felt like it to her, in the intestines, sometimes stationary, sometimes moving about, ascending to the stomach and up the throat partially, with a choking sensation. This she believed to be the tape worm crawling after food, or coiled up to rest himself. The existence of any such inmate I firmly believed to be altogether apochryphal, from the absence of the physical signs, for I did not believe that any worm of that species would have sustained the enormous dosing the poor woman had undergone, without losing at least occasionally some of his "tail," to furnish ocular and tangible proof of his existence. Many of the symptoms, moreover, were clearly hysterical. These things I represented to her in the best way I could, to operate favorably upon her mind, so as if possible to calm it somewhat, and to assist my efforts to benefit her in other ways. But though I partially, in this way, dispelled her belief in the tape worm, it was not to change it for the better. She had unluckily read or heard of some woman who had swallowed a snake in its embryo state, in drinking from a spring, and being confirmedly and wretchedly hypochondriacal, nothing would do but that she must believe that if there was not a tape worm, there must at least be a snake or a newt, which she had swallowed in its very tender infancy, having been accustomed for many years to get water for drinking from an open spring.

After carefully studying the case for some time, and observing closely the effects of the various gentle medicines with which I endeavored to restore the healthy action of the digestive organs, I came to the conclusion that there existed, in the course of the intestines, one or more, probably the latter, places where the passage was considerably narrowed and constricted, with a thickened and unyielding state of its coats, and a highly irritated state of the mucous lining, giving rise to this immense secretion of inspissated and almost membraniform mucus. Superadded to this was the old Mimotic complaint, and a great degree of hysteria,



with some spinal irritation, and from some symptoms I was led to fancy there might be some scirrhus forming—where, I could not determine, so obscure were the symptoms. The peculiar state of the intestines I could not but refer to the action of the severe means used for the expulsion of the supposed tape worm, and such indeed was the opinion of the woman herself; for though, for a long time, I could not persuade her but that there was some live creature in her bowels, yet she always affirmed that there were some feelings that she never experienced before taking some of the doses, and that she should always believe that those doses were the cause of them.

I labored for some months in endeavoring to help her, and for a time with partial success, restoring her to some degree of appetite and greater ease of digestion, obtaining a more easy and natural state of the alvine evacuations, in which the mucous strips only made their appearance occasionally, and then in much less quantity. But the patient's mind, never very strong, was, with her nerves, completely shattered by the sufferings she had undergone, and was still undergoing. She became a confirmed hypochondriacal monomaniac on the subject of her disease; and though, from my repeated asseverations of my disbelief in the supposed existence of any living reptile within her, and my repeated explanations and statements of what I considered the real nature of the case, she finally ceased saying anything to me about it, yet she, I think, never gave up the belief, and made me promise that when she died I would examine her body to ascertain the cause of her sufferings. Finding, too, that from my view of the case a cure could not be expected, and weary of, and disgusted with, taking medicine, she finally refused to take any more, wishing, she said, to die, and would only now and then submit to some external application to relieve any extreme distress. In this wretched state, however, she survived for nearly four years, and among the last things she mentioned, before her death, was the desire to have me examine her body after her decease. This I did the next day.

The corpse was very much emaciated. Upon opening the abdomen, the stomach appeared to be rather contracted in breadth, with its coats generally a little thickened, but flexible and soft, and not otherwise unhealthy. The pyloric orifice was in a natural state. The duodenum, jejunum, ileum and cæcum were in good condition. The colon was firmly united to each flank by old adhesions, which could be overcome only by the knife. The ascending colon had in it two strictures of three or four inches each, where its calibre was so contracted as with difficulty to admit the end of my little finger; the arch of the colon was tolerably healthy, though its coats were somewhat thickened, and it contained a small quantity of thick fæcal matter. Almost the whole of the descending colon was very much contracted, as much so as on the right side, and in these places the coats were greatly thickened, and upon opening them the mucous membrane was found covered with the inspissated mucus of which such quantities had been voided. The rectum was also more contracted than natural, and its coats thickened. The uterus seemed natural, as also the bladder. No particular organic change



was observable in the liver, but the gall-bladder was rather larger than usual, and distended with bile of a dark-green color. The kidneys were enveloped with little else than loose cellular membrane, but seemed somewhat harder than natural, and a very small quantity of what seemed pus was found in the pelvis of one of them. The spleen presented no unusual appearance, but the pancreas was somewhat enlarged and much indurated, appearing scirrhus throughout. The whole extent of the intestinal canal, from the œsophagus to the rectum, was carefully examined, but no worm or reptile of any kind made its appearance.

## ETHERIZATION—A COMPENDIUM OF ITS HISTORY, SURGICAL USE, DANGERS, AND DISCOVERY.

BY HENRY J. BIGELOW, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 237.]

**EQUALLY** futile were the objections to the new and patent method upon the ground of quackery and professional etiquette. Such considerations should fall before a question of this magnitude; and as to the fact, professional custom does not sanction such objections.

A few words upon the patent may not be here inappropriate. Discoverers in art tax the world for a pecuniary equivalent. In the higher atmosphere of science, which deals with abstract truth, it is not easy, nor is it usual, thus to extort a value for any application growing out of discovery. It is well that a line should be drawn between discoveries in pure science, which enlarges the sphere of the intellect and the boundaries of permanent knowledge, between such discovery and the transitory and less disinterested labors directed to the amelioration of a narrower circle and a briefer term.

It does not harmonize with our better impulses, that a great invention in the art of relieving human suffering should be in any way conditional. I believe that nations would have emulated each other in meeting any liability generously abandoned to them as a debt of honor. Yet it should be remembered that the question of patent is very insignificant compared with the discovery itself, or the gratitude due to it. Besides which, secrets are common, and perhaps justly so, in the profession with which this discovery had an intimate connection in its early history, and a patent there is not a subject of comment.

Some of the Journals seem to have been indignant at the announcement of this patent by a regular physician. I investigated and published some of the first experiments by the permission of those concerned in making them, and announced the patent with its extenuating circumstances at their stipulation. That the patent was an error of judgment as well as a violation of custom, I had no doubt; I vainly endeavored, as far as my very humble influence might weigh, to prevent the final measures for procuring it. I even urged an appeal to interest; the force of which has been fully verified in this case; viz., that when the burden



of sustaining a patent falls on the patentee, and not upon the violator of the patent, nor upon the government who grants it, an invention may be so valuable as to be worthless to the patentee in a pecuniary point of view. In other words, the encroachment of the multitude may become too formidable for the resistance of an individual.

Finding such expostulation of no avail, and as an humble instrument in the announcement of a great discovery, I did, what I should be most ready to do every week, if, by so doing, I were able to accelerate, even by a few days only, the ability of the world to relieve human suffering. Those who were most indignant at the patent, seem to have been slowest to grant ether to their patients. Let us hope that such nice discriminators have not more to lay to their consciences, than a violation of professional etiquette, like that of announcing and using a patent right, by which a man is lulled to slumber while his leg is amputated.

A want of ability has been displayed in confounding the questions of ether patent and ether inhalation. Those who have declaimed against the ether patent, upon this side of the Atlantic, have found it very difficult to give a candid hearing to the separate question of ether insensibility. But it was not so abroad. In England, scientific discrimination far outweighed any discreditable feeling of prejudice or jealousy. The very unimportant question of patent was soon at rest. This error of custom or of taste was forgotten; and the united scientific world abandoned themselves to a determination of the real value of the discovery. No opportunity for experiment was lost; no evidence rejected. The whole medical community gave themselves to the work, and in a short time most honorably avowed that the discovery of etherization was not second to the discovery of their own Jenner. Let us believe that in the country of its birth, prejudice against ether inhalation will now yield to a recognition of its value.

Why was the discovery not made before? Why did no one discern the value of the toy which had attracted the attention of so many?

Because the human mind is fettered by long custom. It runs in the channels of routine. First diverted from its course by some little obstacle its current swells and deepens, bearing down solid opposition that it may roll tranquilly in its distorted bed. Watch the tide of human footsteps, guided by the mind of successive generations. The pathway turns here and there to avoid some little inequality, and the old man and the child follow the winding track. Mind follows where mind has been. Few turn aside to analyze the difficulties which discouraged others. That a thing has not been, is to most men, perhaps justly, a reason why it will not be; and here is the office of philosophic incredulity which doubts the track of custom.

It is quite obvious that such incredulity may emanate from widely differing sources. It often grows out of depth and originality of intellect; of capacity which takes a wide and general view, discovering imperfection in mode or in material.

On the other hand, as he who is ignorant of a path may make the



shortest route from point to point, so one who is not familiar with the erroneous conclusions of previous knowledge, may first trace a true result. In such a case ignorance of error is an accidental vantage ground, which places its man considerably nearer truth, than that occupied by prejudice based upon error.

I hold that such incredulity, whether of knowledge or of ignorance, is likely to indicate a philosophic mind. It proposes to think for itself. Its experience of the world has shown it that the world may be wrong. Its experience of its own abilities has taught it to respect itself. For example, Whitney was said to form his decisions, not after the model of common opinion, but by his own nicely-balanced judgment. Perhaps in some details, humble though they be, such a mind has seen the defect of others' judgment, and has had cause to prefer its own results; and thus instructed, turns to a new subject, determined to win its own experience, to make its own investigation.

Such incredulity, brought to bear upon an extended system, especially in the sciences, is justly viewed with suspicion; and the reformer in politics, in the social system, or in medical science, meets no enthusiastic greeting. A little zeal, with a little error of premises or of reasoning, may then make the reformer dangerous. Here, the *experimentum crucis* cannot easily be tried, either from the number of elements in the problem, from the length of time required, or from the magnitude of the interests at stake; and the world therefore very justly maintains a degree of conservatism and immobility, in its moral, social and political relations.

In the exact physical sciences, the tenets of a reformer may be easily tested. Here the logician easily supplies himself with facts. The result of single and brief experiments made at will, can admit of little doubt. Even in the obscurer parts of medicine, where the material and immaterial influences are numerous and sometimes inappreciable, every honest and logical mind must, upon points of importance, arrive at one and the same result. No danger can result from incredulity in medical science. On the contrary, in view of the errors of fact which grow out of want of time or qualification on the part of observers, or the intrinsic difficulties of the science, a healthy and vigilant skepticism of recorded facts, whether in diagnosis or in therapeutics, is one of the essential methods of its advancement.

It is quite obvious that such incredulity and rejection of recognized authority, occupies a merely negative position. It is a quality which adapts its possessor for the reception of new light, from which the act of invention may emanate. But that such act should in reality occur, certain active faculties are requisite. Positive inventive talent is required; the nature of which I shall attempt to show. But let it be remembered that there is a partial substitute for talent. It has been said that the difference between men is more in their power of application, than in talent. Great application, resulting from strong stimulus, will be readily allowed to bring about results, much like those of talent. At any rate, it is more nearly allied to the untiring zeal and stern energy which recognizes no obstruction to its march. It is well known that this unyield-



ing perseverance has characterized a large proportion of inventors ; it has animated them in failure, and nerved them through adversity. Of Whitney, whose cotton gin, even fifteen years ago, was said to be demonstrably worth 100,000,000 dollars to the United States, it was said, " of all my experience in the thorny profession of the law, I never saw a case of such perseverance, under such persecution. Even now, after thirty years, my head aches, to recollect his narratives of new trials, fresh disappointment and accumulated wrongs." Fulton's energy was marvellous. His experimental boat was completed after inconceivable difficulties in the spring of 1803, when a messenger announced that the " boat had broken in pieces and gone to the bottom." After a momentary despondency, which till then he had never felt, and without returning to his lodging, without rest or refreshment, he labored with his own hands to raise her, during twenty-four hours incessantly. To this imprudence he attributed much of his subsequent bad health. The boat was almost entirely re-built, and was again completed in July. I take Fulton, Whitney and Arkwright as types of the mechanical inventor. They possessed, in an eminent degree, the inventive talent, but this did not predominate over determination and perseverance, as not unfrequently happens when such talent is exaggerated. Of Whitney's power of invention, it was said, " it never ran wild ; it accomplished, without exception, all that he ever asked of it, and no more. I emphasize this last expression, from having in mind the case of a man, whose inventive power appeared to be more fertile even than Whitney's, but he had it under no control. When he had imagined and half executed one fine thing, he darted off to another ; and he perfected nothing. Whitney perfected all he attempted."

Such energy, vital to the existence of most discoveries, may grow out of either the inventor's sense of the necessity, or his conviction of the possibility of reaching his object. And the last is another agent, mysterious to many, which is allied to the incredulity before alluded to, and which eminently characterizes the inventor's mind. It may be defined as a belief in the possibility, or certainty, of producing a result attained by the more active perception and reflection of the inventor's mind, by a series of processes which he may be, and often is, totally unable to impart. He is often, in consequence, considered as unsound or unwise ; for as far as the subject in hand is concerned, the inventor is actually ahead of the world. His faculties may not be recognized as stronger, his character more forcible, his intellectual range broader, nor his knowledge of experience greater, than those of other men. Yet for the narrow point at issue, he is more competent than any other. His perceptions are stimulated and brought to a focus ; and his energy is hot. He may actually become a better instrument for a special purpose, than another whose intellectual mechanism is far more complicated. Franklin in an essay before the American Philosophical Society, gave a drawing of a water-wheel, accompanied by a demonstration, conclusive as he supposed, that such wheels could not be used to advantage in propelling steamboats. He proposed a jet from the stern. Fulton proved that



among all methods proposed, the jet was the worst, and the wheel the best. Fulton was right, and not Franklin.

The power of remodelling old forms, of abbreviating method, of devising and economizing force for the passage of trodden or untrodden paths, appears to me essentially the same in most of the vocations of the human mind. Superadded to it, may be a taste or a talent for the combinations of mechanical or other force, or for the complicated details of number and of space, or for any other of the fields of science. But how often is a mind simultaneously given to various inventive fields; exhibiting its powers in various directions, and intuitively recognized and stigmatized by the world as having a genius which incapacitates it for the daily routine of life. And how many, like Newton or Franklin, who added the element of perseverance to this genius, have been distinguished for a versatility of talent, manifesting itself each year in a new field, and exhibiting in each its peculiar trait. Franklin was a reformer; Fulton a warm advocate of the principles of free trade; while Whitney, in his college compositions and in the words of his biographer, "with a spirit somewhat prophetic, anticipated the decline and overthrow of all arbitrary governments, and the substitution in their place of a purely representative system like our own."

The inventor invents or devises the means to attain his ends. He is, therefore, most likely, other things being equal, to be a discoverer, because he will best devise the instruments, material or abstract, to cross-examine nature, and discover abstract truth. Yet it often happens that an inventive talent confines itself to the exposition of mechanical truths of limited application; not demonstrating large and suggestive laws in science, but settling limited questions of expediency in art; or making combinations, as Newton did his watch, for the intellectual pleasure of it.

Such mechanical talent as that of Fulton and Whitney, and hosts of others, whose names are or are not attached to great inventions and discoveries, is not the less because it remained circumscribed by the field of mechanical force, to which it first addressed itself. The modifications of mechanical force do in fact afford an ample field to such intellect. But give opportunity to such men as Fulton, or to a thousand nameless artizans, whose talent is valued at more than gold by those who convert such knowledge into money; find some way of detecting this humble genius and give to it the opportunity for education in science and unmerchanted truth, which may take the place of natural strong taste for it, and we should have true philosophers. Newton built a watch and discovered the law of gravitation; having a rare genius for arithmetic computation. But contrive some way to breed the true inventive talent into a taste or talent for the different branches of science, and we should have more Newtons.

I do not think I over-estimate this talent for expedients and resources. What is American ingenuity? It is this great talent seeking a field in mechanical combinations in a country where opportunities for scientific knowledge have been hitherto comparatively rare. The elements of



American ingenuity constitute the perception, the discrimination, and the resources of the American people.

The true power of originating, wherever manifested, is the combined result of a power of analysis and a power of combination; the former enabling the inventor to discover the differences between the elements of existing combinations, to detect the influence of each, and to reject the useless, while the latter perceives the relations of new elements to the problem, and invokes their agency in the new combinations. The intellectual philosopher may justly recognize in these faculties, the agency both of powerful judgment and of the imaginative quality; both brought to bear upon a range of subjects with which their possessor is familiar. The fact that inventors thus endowed with discrimination often manifest so little of it in worldly matters, may be explained by the consideration that the perception of differences does not afford to the inventor a pleasure which leads him to seek new and wider fields for its exercise, especially where a knowledge of new and perhaps distasteful details is required.

It has been conceded that this talent is peculiar; often an uncultivated gift, brought to bear upon some narrow range of material, by those whose general knowledge does not testify to their industry or opportunities, or whose intellectual calibre and general range, does not at all comport with this local development of talent in the direction to which taste has guided it.

On the other hand, many discoveries, important to the world, owe little to this peculiar talent. They depend upon a fortunate or accidental succession of events, encircling a comparatively moderate ability; and then the magnitude of the invention may be much out of proportion to the degree of the inventive faculty. The invention of printing, perhaps the greatest in the scale of social importance, was but a division of the Roman printing block. Gun-powder, which happens to abbreviate warfare, was an unpremeditated invention. The discovery of Jenner has been attributed—1, to his talents; 2, to his education under Hunter; 3, to his situation in the vale of Gloucestershire.

I would not abate a leaf of the laurel to which the discoverer has an undisputed right; and I shall presently indicate another quality, different from the inventive talent, which ranks high in intellect, and often compensates a discoverer for this talent. I wish here to show that a discovery of great practical importance may result in part from good fortune; from the first occupation of a ground; from perseverance in a particular direction, or from some other adventitious circumstance; that its magnitude and importance may be out of proportion to the character of the intellectual processes invested in it; and that it has happened that a discovery of immense practical importance to the human race, with good fortune to aid it, has involved but an inconsiderable intellectual pang in its creation; and in consequence, that any *a priori* reasoning upon the mode of its creation, has very little connection with what may well be a question of pure fact.

Having thus considered the intellectual qualities concerned in the in-



vention, I pass to the progress of the invention itself, and to a consideration of its successive steps. These consist, first, of the suggestion; and, second, of the generalization.

Perhaps the most fertile source of error in the history of invention, grows out of a misappreciation of these two stages of discovery. Yet they can be shown to differ widely, both in their character, and in the credit they deserve.

There can be no doubt that unless invention be a result of pure accident, suggestion always precedes it. It has been often distinctly recorded, in connection with the greater inventions and discoveries. Thus the vertical spindles of an overturned spinning wheel, suggested the jenny to Hargreaves. Iron rolling suggested the drawing of cotton by rollers to Arkwright, who thus re-invented the machine (ignorant of Wyatt's previous invention); the valves of Fabricius, the circulation of the blood; and so on.

In such cases the inventor abstracted from the individual instance, some inherent element, the applicability of which to other instances, he alone saw. Hargreaves saw the value of a vertical position to spindles; Newton, of the force which attracted the apple; Harvey, of the idea that venous blood could run in only one direction; and they generalized this element in re-applying it.

It does not modify the truth of this proposition, that the first suggestion or experiment should yield a new result; that instead of a falling apple, it should be the contraction of a frog's leg, or an unpremeditated pustule on the hand of a Gloucestershire milkmaid. Such facts were still suggestions and not discoveries; and were new only in the aspect they received from the mind whose key-note they struck; new because attention was then first drawn to them in a new relation, and not new in their actual occurrence.

And the suggestion varies in its suggestive power, both from its own character and from that of the mind it works upon. The apple fell, and Newton alone abstracted a principle in behalf of the moon. Horace Wells says, and I believe first—"Reasoning from analogy, I was led to believe that surgical operations might be performed without pain, by the fact that an individual, when much excited from ordinary causes, may receive severe wounds without manifesting the least pain; as, for instance, the man who is engaged in combat may have a limb severed from his body, after which he testifies that it was attended with no pain at the time. And so the man who is intoxicated with spirituous liquor, may be treated severely without his manifesting pain. \* \* \* By these facts I was led to inquire if the same result would not follow, by the inhalation of some exhilarating gas." And it is well known that he tried the experiment, with various results, upon himself and others, in November, 1844. And yet the philosopher Seneca makes the remarkable observation—"That which presses hard upon you, and is very urgent, if you begin to withdraw yourself, will certainly pursue you and fall heavier. If, on the contrary, you stand your ground and seem resolved upon opposition, you will drive it from you. How many strokes do boxers receive on



the face and whole body ! Yet a thirst of glory makes them regardless of pain."

To Seneca it suggested nothing ; but to Wells, a principle.

A suggestion derived from one or two instances, becomes an invention only when its important element is abstracted and actually re-applied ; and it will be soon seen that the abstraction itself, the supposition, the theory, without this actual re-application, amounts to nothing ; and that for every actual and successful re-application of a newly-appreciated phenomenon, there have been innumerable claims from those who suspected that such re-application might be made, but did not actually make it ; who mistook a single truth for a universal truth ; suspicion for certainty ; theory for fact.

It will be found, by reference to the histories of discoveries, that the suggestion and generalization have occurred almost invariably in the experience of one and the same individual. Though it is quite possible to conceive that while the suggestion occurred to one individual, he might transfer it for generalization to another individual, yet I am unable to find any instance in which this has occurred. On the contrary, the suspicion, the groundwork of the hypothesis, has generally stimulated and goaded the possessor, until he was able to convert it into fact. The suspicion has been then established ; or, much more frequently, has not been established. It has proved erroneous ; hope has not been realized, and the discovery has turned out to be no discovery. Watt, whose name is identified with the history of steam, and the soundness of whose practical views no one will dispute, speaks of "the cast of a die. For," says he, "in that light I look upon every project that has not received the sanction of repeated success."

This transfer of a suggestion, a theory, unconfirmed by fact, or relying upon one or two facts alone, is, as I have said, quite possible. It would then have the character of a ticket in a lottery which should be thus transferred, with which the recipient may draw a prize, but which is far more likely to turn up a blank.

But especially in great discoveries the theory has not been thus made over to a second party. The perceptions of the inventor, keen upon this point, have enabled him to discern its value, and he has allowed himself no rest, no interval, in the steady prosecution of his task.

I have alluded to a second quality which contributes to discovery. The inventive talent lies at one end of the intellectual vibrations. At the other extreme is a high quality which elaborates another element ; while the invention itself is the electric flash which results from the contact of the two.

Here let me do ample justice to the mind of Jenner, which I do not find to have been especially characterized, in his biography, by the inventive genius. It did possess, as an equivalent, the power of appreciating the importance of a discovery ; and it was in this power and in the perseverance that resulted from it, and indicated it, that I recognize his chief merit. Jenner comprehended that vaccination would considerably prolong the average of human existence. A breadth of view, a



simultaneous consideration of many circumstances, with ability to reason justly upon them ; in short, a very clear conception of the whole subject, could alone afford the notion of importance or necessity which was to become the stimulus and proximate cause of the discovery. Few minds are capable of becoming so imbued with the importance of a merely possible result, as to permit it to divert the current of daily life. Such men are pointed at as having one idea ; their wisdom is questioned ; they are the butt of ridicule. And when the result demonstrates the accuracy of their convictions, we may fairly bow at once to their discernment and understanding, whether it detected a possibility, or comprehended a necessity which others overlooked.

At this point let us pause to make a distinction of cardinal importance. We have hitherto considered the qualities of the inventor's mind, and the successive steps of the process by which it accomplishes its end. Another element now complicates the problem. The invention is to go forth to the world ; and to establish certain relations between the world and the discoverer.

Up to this point it is quite obvious that an invention may be made, that it may grow from an original hint into a theory, which again may be confirmed beyond a doubt, by the test of repeated experiment, and yet that the whole process may be confined to the inventor's mind ; to his own cognizance. So long as he thus retains it for his own benefit or for that of a few friends, does the world stand in his debt ? Clearly not. The demonstration of the world to an inventor is a demonstration of gratitude and honor—gratitude for the donation of a great invention, honor to intellectual ability. To the latter it is conceded in the case of certain astronomical discoveries, for example, not immediately concerned in the direct welfare of mankind ; but the product of vast and recognized intellectual power.

But when a discovery becomes great, not from the character of the intellect invested in it, but from its immediate applicability to the amelioration of the condition of humanity, then the gratitude and honor conceded by the world is a mere equivalent for value received. The world will not concede this gratitude until they have received the value. They will only concede it to the source through which they receive it, and they will examine very closely the claims of those who may claim to have acted as agents in the matter.

To investigate this last position further—The world is to bestow a large reward in honor and in gratitude, but requires indisputable evidence of merit on the part of the recipient. It is prejudiced against *ex post facto* claims ; because it naturally argues, first, that one who had made the invention and appreciated it, would in anticipation of this honor, grateful to all men, have published his invention when he made it ; and secondly, that although such *ex post facto* claimant be a real inventor, yet he is so only in relation to himself or those with whom he has communicated ; and as he either could not, or did not, make the world at large feel the full value of it, so they owe him nothing. Such is ample reason for the world's prejudice against such claims.



This suspicion of inventors who do not appear until after the world has been made to recognize a discovery, is also justified by the remarkable fact that hardly an invention of importance was ever made known, that it was not at once claimed; often simultaneously from a variety of sources. It is perfectly natural that it should be thus claimed. The world, whether in science or in art, is built up to a certain point, by the easy and wide transmission of knowledge, and upon this elevation stand a multitude of philosophers, engaged, often, in identical researches, and who will be possessed of much information upon the subject to which a discoverer first gives utterance. The world is then liable for a short time to confound their claims, to confuse the perfect with the imperfect knowledge; the incomplete result of few facts with the complete demonstration from many; the unproved with the indisputable; theory with fact. But the law of the land has left no doubt upon this point. Before ceding a patent, it first identifies a discoverer. Here is an opinion from the clear head of Judge Story. "He is the first inventor in the sense of the act, and entitled to a patent for his invention, who has first perfected and adapted the same to use; and until it is so perfected and adapted to use, it is not patentable. An imperfect and incomplete invention, resting in mere theory or in intellectual notion, or in uncertain experiments, and not actually reduced to practice, is not and cannot be patentable under our patent acts. In a race of diligence between two independent inventors, he who first reduces his invention to a fixed, positive and practical form, would seem to be entitled to a priority of right to a patent therefor."

And the actual history of discovery and invention is conclusive upon these points. The world, if it has doubted awhile, has always been right in the end. *The man who has first generalized the proposition, and first made the world allow that it was thus generalized, has been the inventor.*

About 1750 one Sultzer published an account of the peculiar taste, arising from the contact of bits of silver and of lead with the tongue. Forty years after, Galvani brought metals in contact with a frog's leg. In each case a hint was received; Sultzer published it, but the world were not impressed with its importance. Galvani pursued the hint with numerous experiments; demonstrated that the phenomena resulted from a new modification of abstract force; compelled the world to recognize it, and was the discoverer.

The young countrywoman at Sodbury said of smallpox, I cannot take that disease, for I have had cowpox!—The Duchess of Cleveland said she had no fear about her beauty, for she had had a disorder which would prevent her from ever catching the small-pox. Were these discoverers? No. They furnished the isolated hint, and made no farther experiments. Jenner, with infinite energy and perseverance, through many successive years, in spite of ridicule, at last proved, not that cowpox might protect the system, but that it always would thus protect it, and that it was safe. He generalized the single fact, and was a discoverer.

Many experimenters raised their voice to say that they, too, had wiped up acids with a towel which had then burned like powder. Schonbein



was the first to make the world allow that cotton, treated by a certain process, always would thus burn.

The Abbe Nollet suspected the identity of the electric fluid and of lightning, and experiments were made in France. Franklin, braving the ridicule of failure, flew his kite, and by this and subsequent experiments with a lightning rod, he proved that the electric fluid was thus identical.

Adams made a calculation with regard to the existence of a new planet, and could not or did not compel the world, through the astronomer royal, to listen to him. Leverrier calculated a result, compelled the world to recognize its intrinsic greatness, and the magnitude of his own mathematical power, and was the discoverer. Jonathan Hull, the Abbe Arnal, the Earl of Stanhope, Franklin and others, proposed to propel boats by steam. They tried it, and failed to persuade the world of the expediency or value of the method. Long after, Fulton, impressed with the immense importance of the subject, made a long series of experiments and calculations, discerned the cause of previous failures, persevered through inconceivable difficulties, and in the face of ridicule he felt but did not yield to, demonstrated a proposition; not that steam, a long recognized power, might be made to move a boat, but that it could do so efficiently and profitably. He first compelled the world to recognize this great fact, and was the discoverer of this abstract truth, and the inventor of a profitable steamboat.

Hooke distinctly stated that the planets would move in straight lines if they were not deflected by central forces; and that the central attractive power increases, in approaching the centre, in certain degrees dependent on the distance. In conversation he even averred that he had solved the problem; and when the doctrine of gravitation was published, he asserted that he had discovered it before Newton. Newton showed this attraction to be according to the inverse squares of the distance, and was the discoverer of gravitation.

A hundred other instances might be cited to show that the man, to whom the original hint occurs, is not the inventor; nor yet he who forms a theory upon this hint; nor even he who publishes this theory, if he does not convince other people of its truth. This last may readily occur. A man may happen upon a fortunate theory, and yet not appreciate its value; so he gives himself no trouble to proclaim it; or perhaps his proofs are not conclusive, and the world will not believe. Goethe knew this when he said, "many things may be discovered and made known for a long time without producing any effect on the world, or the effect may be wrought without its being observed; wrought and yet not take hold of the multitude. This is the reason why the history of inventions is so surrounded with strange riddles."

Now, if there is any one point which has identified the true inventor's mind, it has been an invincible determination to compel the world to recognize the reality and value of its invention. The inventor saw it himself when other men could not, and he determined that other men should see it, and he accomplished his determination. "He," Sidney Smith says, in the *Edinburgh Review*, "is not the inventor who first *says*



the thing, but he who says it so long, loud and clearly, that he compels mankind to hear him."

Recognize this point, and the question of invention is comparatively simple. Yet it is not recognized. There is no abatement of claims to previous invention. The writer of a Life of Fulton well says—"Those who question Mr. Fulton's claim are precisely those who have been utterly unsuccessful in their own attempts; and it would seem that exactly in proportion as their efforts were abortive, and as they had thrown away money in fruitless experiments, their claims rose in their own estimation, and that of their partizans." And the witness, I believe before the House of Commons, probably did not overstate the matter when he gave it as his opinion, that if a man were to show that he had found a road to the moon, his neighbors would testify, that, if they had not been there themselves, they knew several individuals who were familiar with the road in question.

The above remarks have been made with the intention and desire of presenting the authority of precedent with impartiality. I have wished that the reader should not lean to one or the other side of the ether controversy, until all these considerations were presented. It remains to show their bearing upon the gist of the evidence contained in the statements which have been made in behalf of Dr. Jackson and Dr. Morton. The remarks alluded to bear upon three principal points.

1. The character of the mind and education required for discovery.
2. The suggestion of the discovery.
3. The generalization of this suggestion.

1.—This community is familiar with the great scientific talent and attainment of Dr. Jackson. Dr. Morton has acuteness, ingenuity, zeal, and perseverance. The discovery is not of a character to have demanded extensive scientific acquirement, and it is probable that either Dr. Jackson or Dr. Morton might have made it.

2.—The suggestion occurred to Davy, Jackson, Wells, Morton, and many others. Horace Wells seems to have conceived this hypothesis more distinctly than any other individual. So persuaded was he of its probability, that he made several experiments; and even made a journey to the Medical Class at Boston, before whom, however, he entirely failed to verify his theory. He then abandoned it, until it was confirmed by Dr. Morton. Dr. Jackson fails to prove that Dr. Morton was ignorant of the hypothesis, until he suggested it to him, because Dr. Morton shows by the evidence, that he was not so, at the intervals either of three months, or of three days, before their interview.

3.—I have shown that he who verifies the suggestion is the real discoverer. Dr. Morton, according to the evidence in, generalized this discovery. He verifies the suggestion, from whatever source it emanated. He made and modified the experiments at his own discretion. He assumed the responsibility of danger. He first conclusively demonstrated of ether—1, *that it would always produce insensibility to pain*—2, *that it was safe*. These two points constitute the discovery.

To show that Dr. Morton was only a "nurse"—an instrument of pre-



established knowledge—such knowledge must be proved to be pre-established. It is impossible for human reason to infer, upon the experiments put in evidence by Dr. Jackson, either that ether was—1, universal in its effects, or—2, that it was safe. It must, therefore, be argued that this knowledge was not pre-established—that Dr. Morton was not a mere administrator, but that he was an originator.

4. Lastly—Many may have been the real discoverers of ether insensibility to pain, and at a remote period. But if so, they have kept it to themselves; and they will be known as discoverers only to themselves. The world has always honored that individual among such discoverers, who presented his discovery to them. Dr. Morton was, according to the evidence in point, both the prime mover and the immediate agent in the introduction of this discovery to the world.

[To be continued.]

#### THE ORIGINAL APPLICATION OF A SOLUTION OF COTTON TO SURGERY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The gratification concomitant on the discovery or successful application of any new agent in medicine or surgery, is almost invariably marred by a controversy from some quarter for the claim of priority. I regret to observe this to be the case in my own instance, and doubly so, as in my opponent I recognize a friend; I am therefore reluctantly compelled to reply to a communication in your last Journal from the pen of S. L. Bigelow.

I shall, in doing this, confine myself strictly to a refutation of his claims, and a substantiation of my own. It is needless to criticize any minor points in this discussion—avoiding those, I shall content myself with showing, by his *own statements* and *my evidence*, that Mr. Bigelow is in error, when he asserts that he applied a solution of cotton to surgery previous to myself.

Mr. Bigelow states that “his plaster cast was varnished between the third week in January and the end of the first or early in the second week in February, 1847,” and he asserts “I did not furnish my friend, Mr. Maynard, with it until after I had myself used it as a varnish for this plaster cast.” He evidently means by the expression “after he had used it as a varnish,” after he had *finished varnishing* his cast, which by his own statement was at the end of the first or early in the second week in February, 1847. To show that Mr. Bigelow is mistaken when he asserts that he did not furnish me with it before that time, I insert the following letter from Mr. Waldo Maynard, of the firm of Maynard & Noyes.

Boston, April 4th, 1848.

DEAR JOHN,—I have your note asking me if I remember when you first informed me of having discovered the applicability of the “cotton solution” to surgery. I am unable to fix the date exactly, but remember having had several conversations with you at various times about it



prior to leaving home on my southern winter tour, which I find by reference to our books, was on the 4th of February, 1847.

In haste, affectionately yours, WALDO.

That letter settles the fact that I had received the varnish and surgically used it, *previous* to early in the second week or at the end of the first week in February, 1847. I find from Mr. Bigelow's *own statements* that he does not pretend to have made a *surgical* use of a solution of cotton himself before the 20th of January, 1847, and possibly not before the forepart of February, inasmuch as he conclusively shows that he did not use it as *varnish* before the 20th of January; though until his paper appeared I had always *inferred* that it was at an *earlier* date than is shown by his own statement. He states that "I received a leg on the evening of the 2d of January, 1847. Delays consequent upon my inexperience made it *some days* before a fit cast was obtained." How many days he includes in "*some days*" I am unaware—probably three,—certainly two. Since he wrote that paper he has personally assured me that he did not *commence* making a cast until *Monday, the 4th of January, 1847*. Now, then, allowing "*some days*" to mean only *two* days, it will be the *sixth* of January before he obtains a "*fit cast*." He adds, "The drying of the cast was very gradual, detaining me from varnishing it, *two weeks*, if not a *longer* time." Two weeks or longer added to the 6th of January make it the *20th* of January, or *later*, before he *began* to varnish the cast, which was "the only article he ever varnished with this solution," as he states in the same paper.

Before this admission, I had always believed he had already made use of the article as a *varnish*, when in Mr. Burnett's store he in my presence prepared some, soon after the 6th of January. That this was the *period* of that occurrence, *my memory* assures me, as well as his *own words*. In his paper of March 22, he says, "I learned the manner of preparing the varnish from Dr. C. T. Jackson, in December, 1846, or January, 1847, and for that purpose prepared a bottle *soon after*." In a letter to me of April 5, 1848, he writes, "My first bottle of the solution was made at *Burnett's*." I am also positive of that fact, for I there saw him prepare that bottle, and at the time asked him to spare me a portion, to which he consented.

Now, then, not only to *assert*, but *prove* that at that time or soon after he supplied me with it—

1st, I never received any from any *other* source, nor had I myself *made* any *previous* to my first application of it to surgery.

2d, I had made a *surgical* use of it as early as the *middle of Jan.*, 1847, and had *mentioned* the fact to *others* on or before the 17th of January.

To *prove* this to be not an assertion merely, I will add a letter from Dr. Whitney, one of the first whom I apprised of my discovery.

Dedham, April, 14, 1848.

To J. P. Maynard.

MY DEAR SIR,—I have just received your note, in which you wish me to inform you of "the exact period" in which you first communicated to me the fact of your having applied to "*surgical purposes an ethe-*



*real solution of cotton.*" I am sorry that I cannot give you the *exact information* which you require. The occasion, however, on which you first spoke to me of this matter, I remember well. I remember, too, the opinion you expressed in relation to its applicability to surgery, and the fact of your having then, already, in one or two instances, so applied it. This information you imparted to me during a ride to Walpole in the month of January, 1847; and by reference to my memoranda, this must have been upon the 9th or the 17th day of the month; I am unable to decide upon which of these two days. By refreshing your memory with the circumstance of our visit *you* may be able, perhaps, to fix upon the "*exact date.*" That it was upon one of the above-mentioned days I am sure.

You at the same time spoke of having received "the solution" from a fellow student, a short time previous to this, to be used as a varnish; and that while using it as such, you discovered, by accident, its remarkable adhesive properties; and that it was this circumstance which first suggested to you the idea of applying it, as a dressing in surgery. Such are the main facts, so far as my knowledge extends, which relate to the "*exact period*" in which you first made use of an "*ethereal solution of cotton,*" and in which you first applied it to the purposes of surgery.

Very truly your friend and ob't serv't, SAMUEL S. WHITNEY.

I think I have now sufficiently shown that there is no foundation for Mr. Bigelow's claim, which appears to rest entirely on the erroneous opinion that he did not furnish me with any of the varnish, before the end of the first week in February or early in the second week in February, 1847.

I will here incidentally remark, I do not mean to imply that Mr. Bigelow would assert anything which he did not honestly *think* consistent with truth—I only wish to show his *memory* to be at fault. Had he consulted with me, and compared notes, before any printed discussion, no doubt our controversy would not have occurred, and I should have avoided this public substantiation of my right to the original discovery of the applicability of a solution of cotton to surgery.

*Boston, March 18, 1848.*

JNO. PARKER MAYNARD.

I have not, in the above, expatiated upon many corroborating circumstances which full justice to myself might demand, as they might be uninteresting to the majority of your readers, and not being absolutely necessary they are superfluous. I reserve them for another time and place, if the foregoing reply be not deemed conclusive. J. P. M.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, APRIL 26, 1848.
 

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*Claims of Homœopathy as a System.*—In December last, a discourse was delivered before the Medical Society of Louisville, Ky., by Henry Miller, M.D., one of the Faculty of the University of that city, which has recently come under our notice, and which called up a fresh train of thoughts in regard to this subject. Dr. Miller makes an examination of the claims of homœopathy—and, according to his analysis, these claims are few indeed. After following the arguments from point to point, on the twenty-third page we find the gist of the whole matter. We accord to Dr. Miller the praise of fairness in the discussion, and the most violent sticklers for Hahnemannism cannot accuse him of vindictiveness of spirit towards them or their philosophy. The following is a quotation from the lecture.

“But, although homœopathic doses of medicines are nothing, absolutely nothing, and are in themselves incapable of doing either good or harm, it does not follow that those who prescribe them exert no agency whatever in the removal of disease. The rigid diet, enjoined by them, in conjunction with their remedies, together with the faith and hope inspired by their confident assurances—assurances, which are ever in the inverse ratio of knowledge—do much to enliven the sanative powers of nature, and thus contribute to the removal of disease. No physician is or ought to be ignorant of the influence of the mind upon the body, in health and in disease, and to direct this influence aright is no small part of his duty, in his intercourse with the sick. At the same time, it must be admitted that he who employs this instrumentality alone, while he attaches importance to the punctual administration of *nihilities*, is a charlatan—an unconscious charlatan, if you please, provided he veritably believe in the healing virtues of his medicaments. There may be such sincere homœopathists; but we cannot help suspecting there are some, who find themselves in the same predicament, as, Cicero tells us, did a certain class of religious teachers in Rome, who could never look into one another’s faces without laughing.”

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*Obstetrical Remembrancer.*—Some months since, a copy of a very small, but richly filled 12mo.—containing Denman’s Aphorisms on Natural and Difficult Parturition, the application and use of instruments, &c., augmented by Michael Ryan, M.D., and further enlarged by Thomas F. Cock, M.D.—was received from N. York. The publishers, Messrs. S. S. & W. Wood, conferred a favor on those who have not the time for studying the larger class of obstetrical works, when they gave them this book. It contains truth in a nutshell, without omitting any essential facts, on a knowledge of which depends the successful practice of the art of midwifery. A second examination impels us to express the pleasure we have derived from such diminutive pages. This satisfaction was enhanced, from not having expected much.

There is a singular variety of opinions among medical men of the first respectability, in regard to the theory and practise of midwifery. Some



assert that it is not the province of the physician to meddle with nature's affairs in the matter of childbirth, under any circumstances. They declare that there are no exigencies which the law of the animal economy does not provide for, and hence all manipulations are positive violations. Without stopping to discuss a physiological proposition, it is certain that another set of practitioners are the antipodes of the first mentioned; they are perpetually endeavoring to assist dame nature. Out of these conflicting sentiments, have grown up all varieties and shades of practice—from that of doing too much, to the doing of nothing at all. But as it is always safe to avail oneself of the treasured experience of the wise, we respectfully recommend this condensed treatise, because it will correct the evils peculiar to both sides of the question, if the reader is influenced by the arguments and facts that are adduced.

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*New York Lying-in Asylum.*—Edwin B. Stimpson, M.D., is spoken of in the twenty-fifth annual report, recently from the press, as “our excellent physician,” which is an indication of the satisfaction the managers have in his administration of the affairs of the institution. Since the last anniversary meeting, one year ago, 106 have been admitted to the Asylum, 95 of whom became mothers, and, without a single exception, every one of them recovered speedily. Since opening the Asylum, twenty-five years ago, it appears by the records that 1982 were admitted, among whom were 9 deaths. This speaks well for Dr. Stimpson, and shows that he may with propriety be called the excellent physician.

There is a board of physicians, of which the late Dr. Washington was one, by whom the resident medical officer is appointed. A large visiting committee of ladies, of the highest respectability, watch over the charity with a degree of vigilance and care that evidences their solicitude to sustain the Asylum with the whole weight of their influence.

Boston has the benefit of a lying-in hospital upon the same general principles—which is admirably conducted, and never can be otherwise than a blessing in this great city, while the ladies watch over its concerns as they always have since the day of its establishment.

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*Dr. Shipman's Address.*—Readers of the Journal are familiar with the name A. B. Shipman, M.D., of Cortlandville, N. Y., Professor of the Principles and Practice of Surgery at Laporte, Ind., who is laboring with a zeal that never tires, to lay the foundations of medical science in the far West on a broad and enduring basis. A lecture now before us, delivered at the opening of the annual lecture term, and published by the class, abounds with beautiful thoughts and elevated sentiments, and must have been received with expressions of satisfaction by those for whom it was prepared. Long may the author live to point the way that leads to eminence and respectability in the practice of medicine and surgery—to personal happiness and public usefulness.

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*Atresia Vagina.*—Dr. N. Hard, of the chair of Obstetrics and Diseases of Women and Children, in the Indiana Medical College, has been complimented by his class in having an introductory published. The subject was *atresia vagina*—or imperforation of the vaginal canal. Dr. Hard



gives a history of cases abroad, his own views, and, finally, describes each step of an operation. It is practical knowledge, without parade or show, and convinces us that the Professor has an accurate and scientific knowledge of the branches he teaches with distinguished honor to himself and the College with which he is associated.

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*Graduates in Indiana.*—At a recent commencement of the Medical College at Laporte, Indiana, twenty-seven gentlemen were admitted to the degree of Doctor of Medicine.

John O. Shipman, M.D., of Fayetteville, Oneida Co., N. Y., was admitted as an honorary member of the institution, and the Honorary Degree of M.D. was conferred upon the following gentlemen:—

David Jennings, of Lafayette, Indiana. John F. Wallace, Franklin Co., Ia. Ira F. Packard, Sturgis, Mich.

Professor A. B. Shipman, who delivered the valedictory address to the class, did credit to the institution with which he is connected.

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*Salubrity of Philadelphia.*—The able editors of the "Western Journal of Medicine and Surgery," infer, from the fact that but two medical students in a class of 406 have died there during the last season, that Louisville is signally healthy. What then must be the healthfulness of Philadelphia, when only two had died up to the 1st of March last in about 1200. The catalogues of the University of Pennsylvania and the Jefferson Medical College have alone been published. In these two schools of the *five*, there were nearly one thousand students.—*Med. Examiner.*

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*New Books Received.*—A Dispensatory and Therapeutical Remembrancer, &c. By John Mayne, M.D. Revised, with the addition of the formulæ of the United States Pharmacopoeia, by R. Eglesfield Griffith, M.D. Published by Lea & Blanchard, Philadelphia.—Practical Observations on Certain Diseases of the Chest, and the Principles of Auscultation, by Peyton Blackiston, M.D., &c. Published by the same house.—Manuals on the Blood and Urine, by John Williams Griffith, M.D.; G. Owen Rees, M.D.; and Alfred Markwick, M.D. A truly valuable volume, also published by Lea & Blanchard.—Elements of Natural Philosophy, being an experimental introduction to the study of the physical sciences. By Golding Bird, M.D. Published by Lea & Blanchard.

These are first class works, strongly marked in character, and therefore deserve the close attention of the reader. We shall proceed to an examination of each, with reference to their claims to the attention and confidence of medical men, for whom they were particularly designed, with the exception of the last.

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TO CORRESPONDENTS.—The following communications have been received. The Report of of the Surgeon of the Steamer Mississippi; a paper on Winter Resorts for Northern Invalids; Prof. Knight's case of Popliteal Aneurism successfully treated; Dr. Chandler on Medical Culture; Dr. Thayer's Letter.

An extra sheet of four pages is sent out with the present number of the Journal. Readers will do well to secure it in its place before it is lost.

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MARRIED.—At Laporte, Indiana, Dr. Eli S. Penwell to Miss L. Catlin.

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DIED.—At Saratoga, N. Y., Dr. U. S. Ling, 29, formerly of Portland, Me.—At Bristol, Conn. Dr. Titus Merriman, 30.—On board the U. S. S. North Carolina, at New York. Dr. John Frederick Sickles, Surgeon, 35. While in conversation he instantly expired—disease of the heart.

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*Report of Deaths in Boston*—for the week ending April 22d, 70.—Males, 33—females, 37.—Stillborn, 10. Of consumption, 17—typhus fever, 2—lung fever, 4—scarlet fever, 3—infantile, 6—old age, 2—disease of the bowels, 1—disease of the heart, 6—intemperance, 2—inflammation of the lungs, 3—dysentery, 6—convulsions, 1—worms, 1—inflammation of the brain, 1—cancer, 1—marasmus, 2—dropsy on the brain, 2—abscess, 1—inflammation of the bowels, 1—hooping cough, 1—erysipelas, 1—teething, 1—disease of the nose, 1—strangury, 1—ulcers, 1.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 11—over 60 years, 9.



*Medical Miscellany.*—Of 100,000 emigrants, says the Liverpool Mercury, who lately crossed the Atlantic for America, 6000 perished during their voyage, 4100 on their arrival, 5200 were sent to the hospital, and of those who settled in the towns 1900 died.—The number of Medical Students attending the different Institutions in Philadelphia, during the last winter, is said to exceed 1200.—Dr. Simpson, of Scotland, has computed that of 300 surgical operations performed with ether and chloroform, fewer proved fatal than is usual in the same cases without these agents. Of 1088 cases of amputation of the thigh, without an anæsthetic agent, 44 in 100 died; out of 135 cases, with ether or chloroform, 33 only died, or 24 in 100.—Dr. R. T. Underhill, of New York, has a vineyard of twenty acres of Isabella and Catawba Grapes. He annually sends to New York market several thousand baskets of grapes that command nine dollars per hundred pounds, or about five dollars per basket.—Messrs. Kretchman and Gildea have manufactured an imitation hand, the fingers of which being formed by an ingenious combination of springs and levers, will enable the wearer to move them by the action of the shoulders, so as to grasp and retain any object they might desire to hold in that hand. This invention is admirably calculated to supply in a measure the loss of a hand to those who have been so afflicted by the fortune of war or through accidents.—The Homœopathic College in Philadelphia, has now been authorized by the Legislature to grant diplomas.—The number of persons wounded in France in the three days of February, and received at the hospitals, amount to 628, of whom 610 were men, and 18 women. Of that number 253 still remain in the hospital.—Remarks by a Surgeon of the U. S. Navy, on the Marine Hospital Fund, which appeared in the Medical Examiner, have now assumed the form of a pamphlet.—The address of Dr. Deming, Professor of Materia Medica in the Indiana Medical College, reads admirably well. The Institution has secured, in its present faculty, a combination of talent and mental energy, that argues well for its future influence and glory.—In Simpson's Journey round the World, he mentions a woman, now living at Woahoo, Sandwich Islands, who, although but 12 years of age, has had three children.—The last number of the Quarterly Transactions of the College of Physicians of Philadelphia, contains, among other valuable papers, one by Dr. Parrish, on etherization in tetanus.

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ELECTRICAL ROOMS, 19 TEMPLE PLACE.—Boston, Jan. 1, 1848.

AVOIDING *newspaper* notoriety, still, I may be allowed, through the Journal, to "define my position." It is, to make Electrical Treatment, in all available cases, auxiliary to the regular Profession. I assume not the title of "Doctor," as it does not legitimately belong to me, and only receive it from my medical friends and others, as a matter of courtesy or convenience. I have no fellowship with boasting medical reformers, nor with quackery in any of its forms, and I must confess that even Electricity is not an infallible remedy for all the ills of life. This will be seen in my Report of Dec. 1, 1847, to which I would respectfully refer the Profession, as presenting useful data with regard to this agent. The Report shows the results of my practice in this city for three years and three months. It embraces 1174 patients, presenting 1760 cases, and 70 classes of complaints, with the average amount of treatment in each class. I am impressed with gratitude to a large number of the Profession in this city and elsewhere, for their kindness and confidence, and will endeavor not to abuse it. Many of my medical friends have found that patients, under electrical influence, have exhibited an increased susceptibility to medicine, and consequently have had more rapid recovery under the combined treatment. My improved apparatus for the development and combination of Electricity, Galvanism and Magnetism, in a peculiarly modified form, makes its judicious administration, safe, agreeable, and unexceptionable, under any circumstances. Although too complicated and unwieldy to be portable, these improvements are invaluable to me for house patients. While observation in various quarters proves that an agent so powerful as Electricity cannot, in any form, be tampered with as a *family medicine*, nor by careless and inexperienced empirics, still, its judicious employment may often be of essential service, in connection with the medical skill of the family physician. Its injudicious use may aggravate a complaint, or arouse and develop some latent disease, requiring still more intelligent attention for its alleviation. It is therefore desirable that the Electrician may possess sufficient knowledge of these occasional phenomena, and the proper course of electrical treatment, not only to render these developments harmless, but cause them, aided by the intelligent physician, to subserve a beneficial purpose. The experience of all observing electricians must convince them that great caution and judgment are indispensable in managing complicated chronic cases, and make them feel the necessity of acting under the information and with the advice of the family physician; and therefore, the true and most honorable position for an Electrician is, an unassuming auxiliary to the medical profession.

Dec. 28—1f

JOHN B. CROSS, *Medical Electrician*.

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INFIRMARY FOR THE CURE OF HERNIA AND ANALOGOUS DISEASES.

THE undersigned will continue to treat and effect a *speedy cure* of Hernia or Rupture, Varicocele, &c., by his *new method of operation*, under almost every variety of form in which they are presented to the care of the surgeon, without the use of *trusses* or *suspensories*. Irreducible hernia of long standing made reducible, and a cure accomplished in most cases. Patients from the country are informed that additional private accommodations have been recently secured for their convenience and comfort while under treatment.

Applications must be made at No. 9 Winter Street, or No 2 Exeter Place, Boston.

April 7—eoptf.

G. HEATON, M.D.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.

WEDNESDAY, MAY 3, 1848.

No. 14.

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## ON WINTER RESORTS FOR NORTHERN INVALIDS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have perused an article in No. 11 of your Journal, and two other papers in a city daily, by Dr. Augustus Mitchell, of Portland, advocating the establishment of a sanitary retreat in Florida. He desires the aid and sympathy of the medical profession in a philanthropic undertaking, which, he says, “meets with applause and public approbation throughout the Union.” He suggests that the capital for the enterprise can be obtained by means of “a joint stock company, the profits of the house paying for the property in two or three years,” or by disinterested, liberal subscriptions, the profits of the house to go to the use of poor invalids, or otherwise, as may be deemed proper.

In a strictly private speculation or enterprise, I think I can ask you to answer for me, that no person would be more indisposed to start objections or interpose difficulties, by unasked advice, than myself. But here the views and support of the profession seem to be claimed, and mine shall be offered to Dr. M. and his associates for what they are worth, plainly and candidly, but with that respect which the intelligence of your correspondent, and the advocacy of philanthropic ends, are entitled to, whatever may be the judicial determination of our minds

I am aware that an explanation is required for an anonymous communication on a topic, which, at first glance, would seem to demand no concealment. But in fact, Mr. Editor, no subject excites more intensely irascible feelings than that of climates and locations. Each denizen of the criticized spot feels almost a personal jealousy in the matter, and if, in addition to ties as general as this, the bonds of interest are touched by any depreciating remarks, or “odorous comparisons,” woe to the luckless wight who believes that resorts for invalids can be discussed with the same immunity, as pathology or therapeutics. When the writer was juvenile in years, and still more in experience, he ventured his maiden effort at the press, in an investigation of the claims of a then favorite location of Dr. M.’s El Dorado for invalids. He endeavored to demonstrate by the facts, which a winter’s residence had given him, and an exposure of certain very mistaken thermometrical records, which had previously been widely circulated at the North as proofs of a mild, salubrious climate, that the city referred to was not an eligible retreat for



pulmonary invalids. An attempt, whether successful or not, certainly based in the most disinterested motives, drew down upon his head, year after year, volumes of personal oburgation and calumny, which he does not care again unnecessarily to encounter. The writer, however, Mr. Editor, cheerfully authorizes you to present his name and assurances of his respect, to your correspondent, privately, if it is thought by him to be of the slightest consequence in the elucidation of the proposed scheme.

The writer feels an interest in Dr. M.'s project, and all other plans like his, because he belongs to an eminently consumptive family. His immediate relatives sleep the sleep of death in Louisiana, in Florida, in the Havana, in the depths of the ocean, in vain attempts to flee the devouring monster, who has taken more of those, who commenced life since he did, of his kindred, than there are of them left! The lines engraved on the cold marble of one of the eminent brethren of our calling in this Commonwealth, are true in sentiment, if not in exact order, as applied to him:—

Phthisis insatiabilis!  
Patrem matrem que devorasti—  
Parce! O parce! liberis.

With all his sad experience of the uselessness of *late* attempts to seek a mild climate, he still has an amount of confidence in the influences of favorable locations and circumstances, in procrastinating the development of tubercle, even in the cicatrization of the ravages already made, which induces a lively interest in all discussions on climate or changes of atmosphere as a hygienic or sanatory measure. His last personal experience of sea voyaging and climate was a winter's tour to the Island of Cuba, in 1840, which in the judgment of friends gave him vigor of lungs enough, perhaps, to carry him beyond the consumptive period. He is now influenced by no bias, of which he is aware, and his advice, for many years, before and since his own personal experience, to invalids and their friends, is to select the cities of Matanzas or Havana for their winter and spring retreat.

His objection, preliminary and conclusive, to Florida, is, that *it is not far enough South*—that it has too much cold weather, too many sudden changes. It is too near the ocean in every part, to justify the idea that by going inland a few miles, or even to the midline of the peninsula, you can escape the chilly, penetrating north-east winds. The only serious objection I ever heard to the north side of Cuba, for phthisical patients, is the occasional prevalence of *northers*. If these are cold and unpleasant in lat.  $23^{\circ}$ , what must they be in  $30^{\circ}$ —the places respectively of Havana and St. Augustine.

It may be that the islands still nearer the equator are climatically superior to Cuba, but whether they are in view of all things which constitute the elements of election for an invalid, is questionable. For while climate is the great and essential point, there are other circumstances which cannot but influence, materially, the decision of any one who has been over the ground. Facility and comfort of access, ability to push



directly into a warm climate, opportunity to adapt one's style of living to their means, conveniences and comforts attainable, number and social state of fellow sufferers, objects to interest and amuse, opportunity to have a choice of medical advisers, however fastidious and absurd their tastes may be, all would enter into most experienced persons' calculations. Let us suppose a case, for illustration. A young gentleman of Boston has an attack of pulmonary hæmorrhage, or some evidences of tubercular development, which arrest the attention and awaken the fears of friends and his medical adviser. After due inquiry, it is decided to send him to the Havana. The best sailing accommodations are always at hand—the master of the vessel is a neighbor, perhaps a friend of the family, and while voyaging on his melancholy tour, he still in one sense “dwells among his own people.” A week or ten days brings out the thin clothes and Leghorn hats, and dismisses anthracite and blankets. He finds himself entering the tropical world. The seas, the animated creation, and even the constellations of the heavens, daily open new scenes to interest, and to cheer the despondency of home sickness and illness. It is a new world he is to find—stranger and more unexpected than a voyage across the Atlantic could afford. On his arrival, a Moorish city, narrow streets, splendid fountains, magnificent Romish churches, beautiful squares and walks, a new and melodious language, original and picturesque men and women, horses and carriages, and ten thousand novelties, distract his attention and interest his mind in forgetfulness of his own troubles, or at least prevent that morbid disposition to dwell only on the single subject of his disease. He finds lodgings proportionate to his means ; if rich, he can command every luxury and comfort that he could have in an American northern city. If moderately provided, a city of one or two hundred thousand inhabitants will meet every man's purse, with no other sacrifice to pride or a proper self-respect, than withdrawing to less fashionable or less elegant quarters. If his symptoms are pressing, he finds a body of educated, experienced physicians, of his own or foreign nativity, and selects as his judgment or tastes dictate. Every article of diet, of medicine, of comfort, is attainable, without difficulty or delay.

If our invalid has taste for music, not an evening passes when he may not listen to the finest military bands of Europe, and that, too, with a thousand well-dressed promenaders in the open air. Or if he prefers the fascination of the Italian opera, or Spanish drama, he may enjoy them in every variety, and in the largest and best ventilated theatres of the western world. Are his tastes artistical? Pictures, statuary and landscape gardens are at hand. Is he a student of our noble science? Large hospitals, filled with every form of disease, are open to him. Is he minister, lawyer or merchant? He can take no step without finding abundant objects in his calling. Does he find the society in which he happens to fall tedious or unpleasant? All he has to do is *quærere aliud diversorium*,” as old Corderius says in his Colloquies—look for another boarding-house. Does he desire news from home? He has only to call at the counting-house of the merchant to whom he is consigned, to find



daily and weekly journals, from all parts of the world. Vessels almost daily arrive with his letters, provided his friends choose to take advantage of them. Does he seek change of place? Every few hours, by railroad, by steamer, by volante or on his mule, will bring him into new scenes. If he chooses to devote a few hours each day to the acquisition of an elegant and useful language, he has every motive to practise, and every facility.

Let us now look at our poor patient sentenced to the winter's residence in a "sanitary retreat" at the southern extremity of our Union. After a voyage along the coast, and necessarily within the chilly blasts of the land, he reaches the city of Charleston, notorious for its terrible climate for pulmonary invalids. After more or less delay, he finds a class of vessels, gauged in their dimensions, not with reference to their open voyage on the ocean, but by the necessities of harbors, permitting only a few feet draught of water. Whatever may be the class of vessel to enter a Florida harbor on this side the peninsula, sailing or steaming, it must be able to cross a shallow bar, and formerly the poor invalid might be a week, laying off and on the port, without being able to enter. It is not worth while to dwell upon the inconveniences of such means of transportation by sea. It is hoped and believed that some other mode of access may now be provided.

Our invalid friend makes his way across the country to the "sanitary retreat." We will suppose that he shall find in it all the conveniences and comforts of a first-class New England hotel, although this admission will appear somewhat extravagant to persons familiar with the penury of our southern regions in this regard. We will also assume, that sufficient exertion and faith should have been brought into action, to induce a house full of invalids to have adopted it as their winter quarters, and that a respectable medical gentleman has been induced to devote himself to the health of the inmates.

Our invalid looks about him for society, for gay faces, for cheerful conversation, for rational amusements. His companions are mostly the hopeless victims of phthisis, with spectre forms, and church-yard coughs, and saddened expression, only surpassed by the melancholy countenances of friends, watching their downward progress to the grave. The topics of conversation are, who is dead, who has arrived and their chances of ever departing. If he selects a companion for private communion, he is doomed to listen to long digressions on symptoms, on new and infallible nostrums, on wonderful cures effected by hydropathy or homœopathy, or the last kind of gammon. Invalids become habitually irritable, selfish and exacting; in masses, all these painful and disagreeable traits are exaggerated a thousand fold. The medical man must be a miracle of wisdom, tact and luck, if he can retain his hold upon even a majority of a house full of chronic patients. He has got to satisfy the unreasonable and hypochondriacal, to offend the hopeless because he can give no hopes. He has to hear daily regrets that Dr. A. of New York, Dr. B. of Philadelphia, or Dr. C. of Boston, or the great German doctor, or the famous Thomsonian doctor of some other region, could not oc-



cupy his place. Even the more unexplainable aversions or preferences, he will find will exist to a surpassing degree among such a body, coming from the "upper southern country," "old Kentuck," and "down east."

I do not like thee, Dr. Fell,  
The reason why, I cannot tell—  
But this I know full well,  
I do not like thee, Dr. Fell.

Every few days our invalid is called to notice the absence of his next neighbor at table. He is dead! The natural elevation of hopes and brightening effects of a change of a northern winter for the occasional semi-tropical days of Florida, gives a stimulus to the energies of the invalid. You see him at morning riding out; at dinner he compels himself to resume the habits of health, he hopes to convince himself that he is gaining, by leading the thoughtless or flattering fellow-boarders to think so. A re-action and prostration follow the excitement. At night the poor self-deceived victim "shuffles off this mortal coil," and his place is occupied by a new comer.

I appeal to any man who has ever made the pilgrimage to a warm climate for his own or for a friend's health, to declare if this is an exaggerated picture of the horrors of a colony—a hospital of invalids, chiefly consumptive, as they must necessarily be. Even in a small town, like St. Augustine, giving some chance of separation by numerous boarding houses and lodging places, the presence of phthisis at every turn casts a gloom beyond description. It was common to feel and to say, as an occasional sunny morning induced fifty or sixty broken-down victims to crawl out to the little public square to sun themselves—"What a walking hospital this place is!"

If such is the fact in a city, how much more intolerable in a distant separate establishment! I have my doubts if a single season would pass without such intestine wars, and jealousies, and collisions, as would entirely destroy the character of a remote concern like this, as a peaceful *retreat*. People in health, occupied by business, coming from different sections of the country, find it difficult to combine harmoniously. At a place, where the reverse circumstances existed, and where there was no ready escape for the disagreeable or the aggrieved, the martyrdom would be exquisite!

I might occupy pages with the natural and inevitable deficiencies which a new country, a slave country, a poor country, must have as respects the comforts of the sick. One "who has been through the mill" will have a multitude of them brought before his mind's eye, by the associations awakened by those already named. It is not pleasant to point to the poverty of the land, especially as that meagreness of comfort is felt only by those who *voluntarily* put themselves in a position to see and feel it, and not by the inhabitants themselves. Things no doubt are in progress of improvement every year. A few years since, a milk diet for a single invalid, or a covered carriage, could not be had in the largest city of Florida.

As before intimated, however, all secondary objections to Florida as



a place of winter resort are totally works of supererogation. The grand, conclusive objection, applicable to all parts of Florida, except Key West (to which few invalids could be long confined, with Cuba within two or three days' sail)—*that it is not near enough to the equator* to fall within invalid ground—must always, in my opinion, forbid its being one of the proper retreats for those seeking a warm climate.

I do not like to throw cold water on any man's golden speculation, yet as Dr. M. has apparently presented the financial part of his plan for the remarks of his professional brethren, and given the philanthropic reason of wishing to aid poor invalids to a southern residence, as a motive for investment in his retreat, he shall have the benefit of my opinion on this subject. I vividly appreciate the call for charitable assistance to a large class of persons tempted, with insufficient means, to venture to southern climes, and who find themselves neither able to stay or return. Every one who has resided at any resort for invalids, must recall how frequently and how urgently his charities have been invoked in behalf of these poor dying victims, too often, I regret to say, seduced to try the advantages of an expensive southern residence by circulars and advertisements, *promising too much*. These poor fellows must be supported by somebody, and however much we might desire, as an act of humanity, to aid them, it cannot be forgotten financially, that losses from those unable to pay constitute, in the judgment of boarding-house keepers at these places of resort, the world over, a great drawback upon the profitable character of their business. This, however, is a comparatively trifling and incidental consideration, suggested by the connection.

The general type of a hotel or retreat of the kind proposed, as a matter of investment, would be one of our marine, or mineral spring, or mountain establishments. As in these, its *season* would be only some three or four months in length. The whole, with its corps of managers, servants, horses, &c., is to be broken up after this short session, and its scale of prices must be predicated on this brief business. Now what enables any one of our fashionable hotels for summer business, involving a heavy outlay, to live? *Its profits on the sale of wines alone*, as any Saratoga, Nahant or Catskill landlord will inform, and give proof to Dr. M. if he desires it.

At the South, it is hardly necessary to observe, an establishment of this kind could by no means be put in operation or carried on, except at a much higher cost than at the North, and as the ordinary rates, including the ordinary conveniences, without the use of horses, &c., at these, is some \$2,00 or \$2,50 per diem; to do a remunerating business in the interior of Florida, where almost every expensive article of consumption would have to be brought from the North, a rate not below \$3,00 per day would be necessary, and Dr. M. may rest assured that but a small proportion of the class of invalids, can afford such an outlay for any very long period.

Now at the Havana, a person's pocket may be suited almost to the same degree as in New York or Boston. If he be merely comfortably sick, he can find at "West's," or the "Mansion House," any amount of



fashionable pretence and ostentation, with the use of splendid saloons and troops of servants, at \$3,00 daily, with wines of such cost as his tastes and pocket warrant. If, on the other hand, he is really ill, requiring freedom from restraints of form and gay company, or is ordered to live upon prescribed diet, he may find suitable lodgings at a very much reduced price. The writer found himself lodged in a manner suited to his unostentatious tastes and moderate means, with every kindness and attention, at a boarding-house, kept by the widow of the late Prof. C., of West Point, at \$7,00 per week, and it is his opinion that this good lady could better afford to give her class of invalid boarders everything which the "public wish" demanded, at this rate, than a great southern hotel could do at three times the amount.

It is often felt by northern invalids and their friends, canvassing the advantages of different places of resort, that it is a great point not to quit their own country—that they shall not feel absent quite so much when "the stars and stripes" still wave over them, and that the facility of communicating by mail will be greater. I consider this as all a delusion. As regards personal treatment and the institutions of society, he will find everything in favor of Cuba. Nor will he find in the readiness of writing and receiving letters or newspapers any inferior facilities, to say the least. Indeed, I am prepared to say that I know no one point in which the island of Cuba is not all to the invalid which could be desired, nor is there one circumstance in which it is inferior to the southern States.

In the hopes that my experience may not be useless to those having before them the ever sad alternative of a residence from home, I venture to give the result of my observation and inquiries on this subject. If it should ever again be my duty to leave home for health, I would seek a comfortable vessel bound for Matanzas, and place myself and wife, and perhaps a child or two, on board, with a small provision of household furniture and utensils. On our arrival, we would look around to hire a small house in the city or suburbs, and a servant, familiar, of course, with the language. We would set up our house-keeping without the slightest reference to the manners and customs of the natives, except so far as these were judged superior to those of New England. I speak of Matanzas, only as a preference in point of economy; if this was of less consideration to the party, than it is to most of our calling, Havana would certainly be more eligible, as giving one more communication with desirable society of his own countrymen or natives, and all those objects of interest and amusement, which a large city has, as compared with a minor one.

In taking leave of Dr. M., for whom and his project we have not intended to fail in a proper respect, I would remind him, that this idea of a great hotel or retreat for invalids in Florida has often been broached within the last twenty years, but a close examination on the part of those having money for investment, has always satisfied them that the project will not do. I believe it is fortunate that it has so proved, for as a man "believing in a future state of rewards and punishments," I should



dread no heavier weight on my soul, than the responsibility of having induced invalids to seek for health or comfort in the climate of Florida!

March 25th, 1848.

DR. WALLACE'S CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE NERVOUS SYSTEM OF THE EYE.—NO. IV.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 211.]

*Unsustained Adjustment.*

FOR the discrimination of this, from other defects of vision, we are indebted to Dr. Petrequin and Professor Mackenzie. The former bestowed on the complaint the name of *kopyopia*, and the latter the more euphonous one of *asthenopia*.

Unsustained adjustment is that morbid condition of the eye, in which it is capable of being accommodated to the distinct vision of near objects, but the adjustment cannot be long continued.

*Symptoms.*—The patient can distinguish large objects, or objects at a distance, without indistinctness or fatigue. Small objects are seen distinctly at first, but they soon appear confused. The letters on a book can be easily made out, but the patient is unable, with comfort, to read more than a few lines or pages. By ceasing the effort at adjustment, as by looking at objects at a distance, or by shutting the eyes, the power of adaptation is recovered, to be lost as before. The disease is sometimes accompanied by pain in the eyeballs, or temples, or pain in the situation of the frontal or infra-orbitary nerve, shooting backward to the ear, with or without lachrymation.

*Predisposing Causes.*—Continued employment of the eyes at minute objects, especially with misplaced artificial light, is a frequent cause of the complaint. It is also ascribed to abuse of the re-productive organs, want of sleep, and irruptive fevers.

*Anatomical Causes.*—In a former number of this Journal (May, 1844), I have described the method by which the focus of the eye is adjusted. A few additional remarks will now be made.

By splitting the ciliary body, I brought into view the ciliary muscles, the existence of which had not previously been demonstrated, although indefinite notions of the muscularity of the ciliary ligament had been announced by Kepler, Porterfield, Crampton, Bauer and Knox.

There are two ciliary muscles. By peeling off the ciliary ligament and choroid, the external muscle adheres to the choroid, and the internal one remains on the unfimbriated portion of the ciliary body. The external muscle is connected with the sclerotica by the ciliary ligament; the internal one is connected with the cellular membrane which holds the ciliary processes together, and both are inserted into the choroid at the line of termination of the retina. By position and attachment, neither of them can have a direct effect in advancing the crystalline body, and adjusting the eye to the vision of near objects; yet by compressing the vascular circle on the choroid, the external muscle will erect



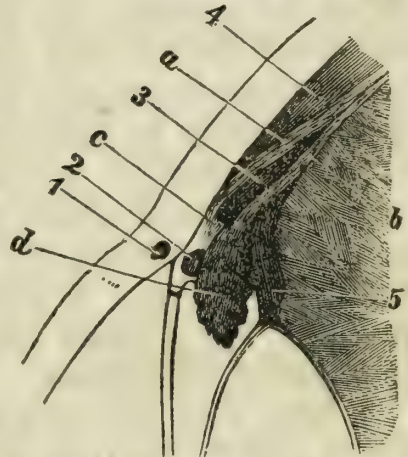
the ciliary processes, which are attached by delicate membranes to the outer part of the crystalline capsule, and the anterior wall of the canal of Petit, and adjust the lens to near objects. The filaments of the un-fimbriated portion of the ciliary body, passing, some of them, on the anterior, and others, through the canal, to the posterior wall of the canal of Petit, and forming its divisions, are inserted among, and parallel with, the fibres of the internal muscle, which will have the direct effect of drawing the crystalline lens backward, and adjusting the organ to distant objects. The elasticity of the membranes of the vitreous humor will assist the latter effect, and adjustment in both respects will be facilitated by the central foramen of the retina. The latter is also affected in the complaint under consideration, for during an attack, the patient cannot see distinctly through a small aperture, and lateral vision is less disturbed.

Although the use of all the parts of the ciliary body is clear, it is confirmed by comparative anatomy. When the lens is a sphere, there is a muscle attached to it, but no ciliary body; when the lens is less than a sphere, there is a ciliary body, but no muscle of the crystalline. The function of the single muscle is evident in the former case, and of the ciliary body in the latter.

With true German industry, Dr. Hueck, of Dorput, has written, on the motion of the crystalline lens, a quarto volume, in which he relates a number of interesting experiments, although his theory, that the motion is effected by contractions of the ciliary processes, forcing the aqueous humor into Petit's canal, and in this manner not only advancing the lens, but by lateral pressure making it more convex, is less probable than any that preceded it.

After it fasted two days, he placed a hawk on his lap, at the end of a table, on which he laid a piece of meat, fastened by two threads. When Dr. H. drew the meat towards the bill of the animal, he observed the iris to become convex, especially at its upper portion. When the meat was drawn back by an assistant, the iris became immediately flatter. The motion of the lens was also observed in the parrot, fox and lynx.

Dr. Hueck placed the recent eye of a pup, in an opening made in a board, and observed, on the posterior surface of the sclerotica, which in this animal is thin and nearly transparent, the distinct image of a window, and the indistinct one of a key which was nearer. He passed a needle, at the distance of a line from the margin of the cornea, into the middle of the lens, and when the latter was moved carefully forward, the image of the key was well defined, whereas that of the window was indistinct. By moving the lens backward, the window again became distinct, and the key indistinct.



*Plan of Section of Adjusting Apparatus.*—1, Canal of Schlemm. 2, Anterior canal of Fontana. 3, Middle canal of Fontana. 4, Posterior canal of Fontana. 5, Canal of Petit. a, External ciliary muscle, separated from b. Internal ciliary muscle, by the middle canal of Fontana. c, Ciliary ligament. d, Ciliary process.



By looking in profile at the iris of an individual, who, with one eye shut, looked with the other at an object five inches distant, Dr. H. saw the iris to become convex and project. When the subject looked at a distant object, the iris became again flattened.

Unsustained adustment is often a consequence of inflammation. By examination with the microscope of an iris, which had, years before, suffered inflammation, I observed an appearance, as if blood had coagulated in some of the vessels, and had been partially absorbed. A clot in this position would act as a foreign body, and become a source of irritation. When we consider the similarity in structure between the ciliary processes and the iris, and the disorganizing effects of inflammation on the latter, we are led to infer, that the ciliary processes will experience a similar disorganization by inflammation, the principal seat of which, in many of the ophthalmiæ, is evident by the vascular zone round the cornea, and the result of which, may be thickening or relaxation of, or deposition of foreign matter on, a part or the whole of the ciliary process, or the ciliary lamina. In either case, the lens will be drawn forward with difficulty, and if drawn forward, it will require unusual exertion to keep it in a state of adjustment.

I have seen the complaint occasioned by enlargement of the long ciliary vessels, the tying of which was too hazardous to attempt. I have often seen it to arise from tumors or fringes on the iris, accompanied with irregular pupil.

Cicatrices on the forehead are a frequent cause of unsustained adjustment. In the present state of science it is difficult to explain how cicatrization or tumor on one nerve will affect the functions of another. We shall assume that the change of state effected by the arterial blood on the cortical or positive plate of the brain, is followed by the evolution of a fluid, which passing in a continued stream along certain nerves, sustains the vital functions. By a contrivance for interrupting the current, perhaps not dissimilar in principle to the rotatory machine, motion is effected. By another series of nerves, the external currents, which vary with the temperature, and force of the currents of the air, proceed towards the central or negative plate of the brain. There is thus a constant circulation of the nervous fluid. In its passage through the ganglia towards the brain, the current will be influenced by currents from other sources, and if one stream be interrupted by a cicatrix, the balance of power will be unequal, and the reflex current will be affected. The experiments of Dr. Leconte, of Savannah, and Dr. Dowler, of New Orleans, show that to produce muscular action, the afferent current is not necessarily continued to the brain. The former physiologist decapitated an alligator, and when he irritated the skin, the animal moved an extremity to the part which was injured. Soon after death, the latter separated the arm of a man from the body, and found, that after percussion, the most violent contractions and quiverings were produced. From these experiments, we may conclude that the whole of the afferent current is not necessarily continued to the brain, and that when the usual supply is cut off, the efferent current will be deficient.



By the connection of the motor nerves with the cerebellum, which possesses such an influence on the organs of re-production, we understand how unsustained adjustment is occasioned by their abuse.

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## DIABETES MELLITUS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—For reasons which it is not necessary to state here, I have delayed answering a communication which appeared in your Journal for February, No. 3, Vol. XXXVIII.

I regret my article on Diabetes should have excited so “*hasty*,” even if it was so “*fair*” a communication, from any “*member*” of our profession. “*I am astonished*” that any medical man can be found, who does not know that some affections of the brain may exist months, and even years, without any change taking place *sufficient* to produce death.

My cases and the *post-mortem* appearances were, from necessity, very imperfect. I considered them such at the time. My opinion was formed previous to these cases occurring. I did not consider my “*vaguely stated*” cases sufficient to *establish* my views of diabetes, neither those eight cases occurring in the practice of one of our most distinguished physicians in the western part of Massachusetts. It requires a *large* number of *well* and *faithfully* recorded cases; together with the *post mortem* appearances, revealed by our best pathologists, men who are seeking for *truth*, in order to *establish* anything like a correct pathology of any disease.

Should my *fair* reviewer ever be called on to treat a case of diabetes, he will of course inquire as regards the *non-existence* of head symptoms; and as the “*usual signs*” of this disease are so universally met with in *post-mortem* examinations, he will not trouble himself to examine the brain!

I hope, however, there *are* those who will keep a faithful record of their cases, from the *beginning* of the disease, and at death *carefully* examine the brain, with a view of determining the *essential pathology* of diabetes mellitus.

I know very well the different opinions advanced in regard to this disease. I am also aware that the affection of the brain is considered a *sequence*.

I intend at some future time to communicate my views more fully in regard to this disease.

I have no doubt many medical men, with my reviewer, consider my theory “*wild*.” I am not desirous of *such* a controversy as I foresee will occur from the *manner* in which I am reviewed by J. R. Wilbur.

Very respectfully, I am yours, S. CLAPP.

Pawtucket, R. I. April 25th, 1848.



## MEDICAL IMMORALITY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—There is no honorable physician who has not been deeply mortified, more than once, at the evil practices of some of those who bear our name; and an occasion rarely occurs when he can effect any good by expressing his opinion. The world cannot judge between the honest man and the knave, particularly if each have the sanction of the university, under the degree of *medicinæ doctor*. There is no public redress for the petty abuse which we suffer, nor for the bad name which individual sin of a more heinous character gives us all.

A crime of the most serious nature has, however, come to my knowledge in such a manner that the proposer of it will speak for himself. He is evidently no novice in the act; I trust he does not bear the title of Doctor of Medicine.

The following letter was brought me by a young woman. The writer addresses some one with whom he has had indirect communication, through some Dr. H., a common friend. Fortunately the letter was mis-directed, and the community of Portland may be enabled by this exposure to rid themselves of a villain; and perhaps the girl may be deterred from being accessory to the crime of murder. A copy of the letter has been placed in the hands of the Attorney for the County of Suffolk, who has transmitted the same to the Attorney in Portland. An exact copy I herewith send to you, with the request that it may appear in an early number of your Journal. Yours, respectfully,

W. HENRY THAYER.

“Portland, Me., April 9th, 1848.

“DEAR SIR,—Nevertheless I have not the honor of being personally acquainted with you, I take the liberty of writing and introducing the bearer of this a lady from here to you in a very peculiar demand. At the time of my last visit to Boston I had with Dr. H.....l—by whom without doubt you did hear of me before—a conversation about the object, on which I am induced to write to you. Dr. H. mentioned that he and you had spoken once about the same matter and so fort. At rem breviter. The lady the bearer of this, a poor girl, of very honest family, has had the misfortune of getting acquainted with a young man, who, under false promises, abused her, and after finding out that she was in a family way, run of, and left her here in misery. She must be relieved of her state, and tryed, by all kind of injurious means, to get out of it herself, but like generally, all the remedies recommended and used for the purpose of causing abortion, proved of no effect. She first would not consent to a operation, and about for weeks ago, when she found it necessary to admit herself to it, she got, nevertheless I warned her, in the hands of the famous Dr. P——, who, after robbing her of about \$20, and making all kind of excuses, turned her of, requesting her to call on him again, to get \$50 more out of her. She will tell you more about it, about her circumstances and conditions. I would perform the operation, but I have no place to put her, expecting that she will be confined for



several days and weeks after it. And Portland is rather to small a place, to keep it secret, and I have besides the majority of physicians against me, hunting after me, to find a scrupel of right complaint and blame for me. In short now, Doctor, if you think the state of pregnancy is not to far advanced, to perform the operation without danger, and if preparatory applications should be necessary, I would request you to relieve her; she has time, courage enough to undergo it, and nevertheless poor, she will be enabled to satisfy any reasonable demand for your trouble. She will tell you all about it. And have no fear, that ever any complaint any trouble shall originad from it. But you may be willing to do it or not, I beg you to excuse me in reference to this my demand. — — \*

*" To W. H. Thayer, M.D., 12 Essex st. Boston."*

#### REMARKABLE CASE OF CONSTIPATION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—While in Western New York, last summer, I saw a remarkable case, in the person of a young lady, who has had but three fecal discharges in nine years; and thinking the statements in full might be interesting, if not useful, to the medical profession, I now communicate them.

The patient's name is Ellen R. Allis, daughter of Joel Allis. She lives about three miles from the centre of Batavia. When about 12 years of age, she attended a singing school, and being ensnared in a trap made of a rope by some boys, was thrown down, and her spine injured. She became quite sick, went to her bed, and there has remained up to the present time, perfectly bed-ridden. She is now 21 years old. She lays in her bed, her body being at an angle of forty-five degrees with her extremities; nor can she be removed from that position without producing intense pain, and much dyspnœa.

From her waist down, there has been no increase in size since her first injury; but above the umbilical region, she has grown like other girls. She is wonderfully intellectual for one thus circumstanced, and has shown a remarkable skill in the formation of different curiosities.

As you would naturally conclude, she has but little physical strength. Her heart beats like an infant's; her respiration is peculiar, and so slight is the effort, that it is hardly distinguished by a careful observer.

Two days previous, and about three days after, the movements of her bowels referred to, she was perfectly insensible, and in a comatose state. About a teacupful of a thin viscid discharge come from her at each time.

There has been an attempt on the part of physicians in the region of Batavia to remove this difficulty (whether it be a partial stricture of some portion of the intestines, or a want of action in them, is unknown), but in vain.

Her diet is very light, consisting mostly of white sugar and tea, and occasionally a thin broth.

\* The name of the writer is withheld by the Editor, as he thinks the end proposed by Dr. Thayer may be accomplished without its publication.



As you will understand, she has had but three stools in nine years. Oliver, in his Physiology, makes mention of some persons having no discharge in one year; but no instance like the above have I ever found recorded.

Yours respectfully,

Millbury, Mass., April 13, 1848.

CHARLES A. GREENE.

P. S.—If you wish any further information in reference to the above case, it may be obtained by directing a communication to me.

## REPORT OF THE SURGEON OF THE STEAM SHIP MISSISSIPPI.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Capt. McKenzie, Commander of the U. S. Steam Ship Mississippi, recently from Vera Cruz, has politely tendered me the report of Dr. Babb, Surgeon of that Ship, showing the casualties and diseases which have occurred on board, from March 5th, 1847, to April 1, 1848. It shows remarkable success in the treatment of yellow fever, and it is hoped that Dr. B. may publish more fully his observations on that disease, which has destroyed so many valuable lives since the commencement of the war with Mexico. Yours respectfully, W. R. L.  
*Boston, April 21st, 1848.*

*Report of the Diseases and Injuries which have occurred on board the U. S. Steamer Mississippi, from the 5th of March, 1847, to the 1st of April, 1848.*

| Disease.                  | No. of cases. | Disease.              | No. of cases. | Disease.              | No. of cases. |
|---------------------------|---------------|-----------------------|---------------|-----------------------|---------------|
| Yellow Fever,             | 425           | Number bro't forward, | 822           | Number bro't forward, | 1012          |
| Remittent do.             | 5             | Rheumatism,           | 44            | Tumor,                | 1             |
| Intermittent do.          | 168           | Lumbago,              | 4             | Paronychia,           | 5             |
| Dysentery,                | 111           | Neuralgia,            | 5             | Lacerated Wound,      | 17            |
| Acute Hepatitis,          | 3             | Epilepsy,             | 1             | Punctured do.         | 8             |
| Chronic do.               | 2             | Cephalalgia,          | 34            | Incised do.           | 5             |
| Acute Gastritis,          | 5             | Odontalgia,           | 1             | Gunshot do.           | 10            |
| Chronic do.               | 11            | Gastro-Enteritis,     | 3             | Contusion,            | 29            |
| Bronchitis,               | 9             | Diarrhoea,            | 40            | Fracture,             | 4             |
| Catarrh,                  | 54            | Cholera Morbus,       | 3             | Sub-Luxation,         | 8             |
| Pneumonia,                | 4             | Spasmodic Colic,      | 4             | Rubeola,              | 7             |
| Phthisis,                 | 2             | Hæmorrhoids,          | 3             | Herpes,               | 4             |
| Asthma,                   | 1             | Hernia,               | 1             | Elephantiasis,        | 2             |
| Hæmoptysis,               | 3             | Constipatio,          | 3             | Urticaria,            | 1             |
| Laryngitis,               | 1             | Conjunctivitis,       | 3             | Jaundice,             | 2             |
| Pericarditis,             | 1             | Ophthalmia,           | 2             | Mania-a-potu,         | 7             |
| Hypertrophy of Heart,     | 4             | Nyctalopia,           | 1             | Mental Imbecility,    | 1             |
| Valv. Ossification of do. | 1             | Syphilis,             | 6             | Gastrodynia,          | 1             |
| Splenitis,                | 1             | Gonorrhœa,            | 1             | Varicocele,           | 1             |
| Nephritis,                | 1             | Ulcer,                | 16            | Stricture,            | 1             |
| Orchitis,                 | 3             | Abscess,              | 4             | Debility,             | 10            |
| Tonsillitis,              | 4             | Carbuncle,            | 1             | Burns and Scalds,     | 4             |
| Pleuritis,                | 3             | Furunculi.            | 10            |                       |               |
|                           | 822           |                       | 1012          | Total,                | 1139          |



DIED.

| Name.              | Rate.              | Disease.      | Date of decease. |                                                                |
|--------------------|--------------------|---------------|------------------|----------------------------------------------------------------|
| Peter Roberts,     | Seaman,            | Yellow Fever, | May 29, 1847.    | Died at the U. S. Naval<br>Hospital, Island of Salma-<br>dina. |
| Billings Walker,   | "                  | " "           | July 14, "       |                                                                |
| Timothy Harrold,   | Marine,            | " "           | " 15, "          |                                                                |
| Wm. R. Barth,      | "                  | " "           | " 16, "          |                                                                |
| F. P. Barbour,     | Surgeon's Steward, | " "           | " 9, "           |                                                                |
| Roger Ryan,        | Ship's Corp.       | " "           | " 21, "          |                                                                |
| Francis Mcmar,     | Musician,          | " "           | Aug. 4, "        |                                                                |
| James E. Ringrose, | Marine,            | " "           | " 5, "           |                                                                |
| George Barton,     | "                  | " "           | " 6, "           |                                                                |
| Hugh McDonald,     | Sergeant Marines,  | " "           | " 8, "           |                                                                |
| Jos. Richardson,   | Marine,            | " "           | " 4, "           | Died on board.                                                 |
| Henry Aubrey,      | Serg't Marines,    | " "           | " 7, "           |                                                                |
| John Cogden,       | Marine,            | " "           | " 15, "          |                                                                |
| Jas. L. Parker,    | Lieutenant,        | Yellow Fever. | July 12, 1847.   |                                                                |
| Antonio Pons,      | Musician,          | " "           | June 30, "       |                                                                |
| Antonio Feighl,    | "                  | " "           | July 27, "       |                                                                |
| Wm. Brown,         | Seaman,            | " "           | " 22, "          |                                                                |
| Wm. R. Thomas,     | Passed Midshipm'n, | " "           | Nov, 10, "       |                                                                |
| Chs. A. Mapes,     | 3d Assist't Eng'r, | " "           | " 12, "          |                                                                |
| E. J. Covell,      | 1st "              | " "           | Dec. 28, "       |                                                                |

List of the Diseases of those sent to the United States.

|                     |     |                       |     |                       |     |
|---------------------|-----|-----------------------|-----|-----------------------|-----|
| Yellow Fever,       | 147 | Number bro't forward, | 198 | Number bro't forward, | 214 |
| Intermittent do.    | 22  | Hypertrophy of Heart, | 3   | Lacerated Wound,      | 1   |
| Debility,           | 6   | Phthisis,             | 1   | Gunshot Wound,        | 2   |
| Chronic Bronchitis, | 8   | Chronic Laryngitis,   | 1   | Lumbago,              | 1   |
| Chronic Hepatitis,  | 2   | Gastro-Enteritis,     | 1   | Incised Wound,        | 1   |
| Dysentery,          | 5   | Cephalalgia,          | 3   | Chronic Diarrhoea,    | 1   |
| Chronic Rheumatism, | 6   | Splenitis,            | 1   |                       |     |
| Chronic Pleuritis,  | 1   | Ulcer,                | 3   | Total,                | 220 |
| Epilepsy,           | 1   | Fracture,             | 3   |                       |     |
|                     | 198 |                       | 214 |                       |     |

KILLED.

| Name.           | Rate.       | Where killed.        |
|-----------------|-------------|----------------------|
| T. B. Shubrick, | Midshipman, | Bomb't of Vera Cruz. |
| William Marcus, | C. F. C.    | " " "                |
| John Myers,     | C. Seaman,  | Loading a gun.       |
| William White,  | Seaman,     | Tamulte.             |
| John Saul,      | "           | Tabasco.             |

WOUNDED.

| Name.            | Rate.       | Where wounded.             |
|------------------|-------------|----------------------------|
| James L. Parker, | Lieutenant, | Taxpau, 18th April.        |
| William May,     | "           | Tabasco, 9th June.         |
| William Leech,   | C. Seaman,  | " 21st July.               |
| Patrick Rourke,  | Seaman,     | " 9th June.                |
| Daniel Foley,    | C. Seaman,  | " " "                      |
| John Adams,      | Seaman,     | Bomt. V. Cruz, 24th March. |
| Thomas Waughey,  | C. Seaman,  | Tamulte, 29th June.        |
| Thos. Riddle,    | Seaman,     | " " "                      |
| John Munroe,     | Lands.      | Taxpau, 19th April.        |
| James McCulloch, | "           | " " "                      |



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, MAY 8, 1848.
 

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*Great Medical Meeting at Baltimore.*—Delegates were passing through Boston, towards the close of last week, on their way to Baltimore, filled with the highest anticipations of the good results of the meeting in that city. That it will be large, and intellectually strong, cannot be doubted. The right spirit extensively prevails, and the American Medical Association appears destined, if this feeling continues, to accomplish all that its friends have hoped from the beginning. Baltimore is a hospitable city, and the unremitting attention of the profession there in promoting the comfort and happiness of their distinguished guests from all parts of the Union may therefore be depended upon.

It is one of the curiosities of the medical history of Massachusetts, that when the State Medical Society was invited, in a respectful manner, to send representatives to the first meeting at New York, in 1846, the Council voted down the subject! One gentleman had seen the folly of these attempts at association; and besides it was apparent, from the character of the reasoning urged on the occasion, that we here in New England were like a city on a hill, in plain sight of the whole world, existing and flourishing independently of all other medical bodies! Last season, by dint of effort, ten delegates were finally appointed—who will never forget their reception at Philadelphia. They spied out the country; found it susceptible of cultivation, and a goodly land; and now, in 1848, fifty delegates are appointed! How many have gone, we have yet no means of knowing, but trust that New England has manifested the zeal that should characterize those who can practise as well as preach.

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*Portraits of Eminent American Physicians and Surgeons.*—We deeply regret, with other members of the profession, that no encouragement is given in Boston, towards having the miniature likenesses of the leading medical men of this city engraved. Mr. V. F. Harrison succeeded in Philadelphia in executing a complete series of the prominent professors of the schools there, which are as life-like, and excellent in artistical finish, as could be desired—and he was paid well for the enterprise by their friends and admirers. But here in Boston, he was met with nothing but icebergs—full in the face. He completed one, only one, which hangs a dead weight on his hands. One distinguished teacher, whom we all like exceedingly for his uniform urbanity of manners, philanthropy and skill, absolutely refused to sit for his picture. Thus, between no sales, a shrinking modesty, and no love for the fine art which exhibits our neighbors' faces, the artist has turned his back upon us. At Albany, the portraits are to be engraved, and a strong disposition prevails to help forward the enterprise.

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*Dr. Jackson's Descriptive Catalogue.*—A correspondent has already spoken in warm terms of the faithfulness and laborious devotion to the inter-



ests of the Association, of the author of "A Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement." He has exhibited a parental solicitude from its first formation, that has been characterized by a sterling effort of ambition to have a cabinet in the city of Boston, which should be creditable to the acknowledged intelligence and scientific reputation of those constituting the Society.

Dr. J. B. S. Jackson is extensively known for his accuracy in morbid anatomy. This collection is a vast aggregation of specimens—the contributions of medical gentlemen, which have been systematically arranged ; and in this catalogue the individual history of each article seems to have been patiently and judiciously considered in all its various relations. It is an extraordinary record book of anomalous diseases, a page of which cannot be read without recalling some parallel or analogous cases, which every physician at times regrets not having preserved in some more permanent way, than trusting to the treachery of his own memory. On former occasions we have called the attention of medical strangers, visiting Boston, to the pleasure and profit to be derived from an examination of this museum, to which there is a ready access, free of all expense. And this opportunity is embraced of again reminding them of the advantages to be derived from an hour's examination of this very beautifully preserved and truly rare exhibition of morbid disease.

The catalogue is not like a common index, by which things are found on a shelf by their numbers ; but it is an elaborate description of tumors, bones, vessels, organs, of all sorts and descriptions, as they exist before the spectator, accompanied by comments, that indicate the close research of an accomplished anatomist, pathologist and scholar. In the name of a profession that will hereafter realize its indebtedness to the untiring labors of Dr. Jackson, we tender him the homage of gratitude for this new contribution to the archives of medical science.

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*Medical Addresses.*—Dr. Peaslee's introductory before the Medical School of Maine, delivered March 13th, and Dr. Pancoast's charge to the medical graduates of the Jefferson College, Philadelphia, March 29th, are excellent. By and by, before the memory of the occasion which gave rise to them is lost, we hope for an opportunity to extract some of their essential beauties, that others may participate in sentiments which could not have been heard otherwise than with satisfaction and profit.

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*Diseases of the Eye produced by Impure Air.*—The following facts, related by Dr. Bullar, in the English Journal of Public Health, are important, and may be the means of explaining the cause of similar affections of the eyes in other places.

"About fourteen tenements in a suburb of Southampton are built on the edge of a deep ditch, into which their drains and privies immediately open, many of the privies overhanging the ditch, and opening into the houses. This ditch has no outlet, and thus it forms an open cesspool, running the whole length of the row of cottages, and containing their accumulated filth. The smell is at all times oppressive ; in hot weather, unbearable. On inquiring into its effects on the health of the poor occupying the tenements, I was struck with the number of complaints of diseases of the eyes ; and



out of 43 of whom I inquired, 21 had been attacked with inflammation of the conjunctiva of a mild kind. I was subsequently informed by Mr. Charles Reece that six children of one family in another house (the only one of a higher class exposed to the ditch) were constantly subject to chronic inflammation affecting the edges of the eyelids; and that no treatment would cure them until the children were removed to a healthier situation.

“The prevalence of that severe disease, purulent ophthalmia, among large numbers—as in armies, hospitals and schools—under the same circumstances as typhus, or epidemic diseases, has been attributed by some to atmospheric causes; by which phrase can only be meant, unseen poisons carried by the air. Here is an instance of a much milder disease, inflammation of the conjunctiva, either of a catarrhal or pustular form, or merely of the edges of the lids, evidently produced by the exhalations of putrid matter; and that such irritating matter may act by its direct application to the exposed conjunctival membrane is highly probable.

“The practical lesson taught by this is, that even in slight ophthalmia affecting several of a household, and in obstinate affections of the eyelids (often of great consequence, from the permanent deformity and discomfort which the loss of the eyelashes entails) the state of the drains should be minutely inquired into, and the cause either removed, or the patient removed from the cause.”

TO THE EDITOR, &c.—Will Dr. H. J. Bigelow have the kindness to review the Boston Medical and Surgical Journal of October, 1846, and correct his statement in the last number of that Journal, in which he claims to have given the first public paper upon the subject of etherization in aid of surgical operations; as he will, in the Journal for October 28, 1846, find an account of the process by Dr. Smilie—some two weeks previous to his own; and if he desires he can also find a copy of the same in the Edinburgh Medical and Surgical Journal. JUSTICE.

May 1, 1848.

*The Three Anodynes.*—There are three compound chemical bodies which, inhaled into the lungs, superinduce a state of anæsthesia, or insensibility to pain in surgical operations—the nitrous oxide, commonly called exhilarating gas; sulphuric ether, now so often used; and the perchloride of formyle, or chloroform. They differ materially from each other in their chemical constitution, so that their elements afford no clue to their anæsthetic properties. The nitrous oxide is composed of nitrogen and oxygen, in proportions of one atom each. Sulphuric ether has one atom of oxygen, four of carbon, and five of hydrogen; and chloroform has two atoms of carbon, one of hydrogen, and three of chlorine.

*Mortality of London.*—During the week ending March 4th, the mortality had diminished; the deaths amounting to only 1114, instead of 1145, as in the preceding week. Deaths from zymotic diseases, 270 (in the preceding week 308); of which 30 were from smallpox, 33 from measles, 54 from scarlatina, 19 from hooping cough, 18 from influenza, and 67 from



typhus. The diminution of mortality from the two latter diseases was decided; in the previous week, deaths from influenza were 33, and from typhus 77. Deaths from phthisis 115, or 32 under the weekly average for the five previous winters. Mean temperature, 42 deg. .8 Fahr. Temperature of dew point, 38 deg. .5 Fahr. Height of barometer, 29.3 inches. Electricity alternately negative and positive. Births in the week, 1376—viz., 713 males, 663 females.—*London Lancet*.

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*A Good Example.*—At a meeting of the poor-law guardians of the Brecknock Union, for the election of medical officers for the ensuing year, John Parry de Winton, Esq., the chairman, in his address to the successful candidates, stated that it was the wish of the guardians that the first object of the medical officers should be the comfort and welfare of the sick poor; observing, that among paupers it was frequently not so much medicine, but nutritious food, and above all, patient kindness of demeanor, that was required; these remarks were made, not from any doubt of the humane feeling of either of the gentlemen appointed, but with a view to assure them that any comforts they ordered would be supplied without grudging.—*Ibid*.

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*Remedy for Toothache.*—A mixture of two parts of the liquid ammonia of commerce with one of simple tincture, is recommended as a remedy for toothache, so often uncontrollable. A piece of lint is dipped into this mixture, and then introduced into the carious tooth, when the nerve is immediately cauterized, and pain stopped. It is stated to be eminently successful, and in some cases is supposed to act by neutralizing an acid product in the decaying tooth.—*Ibid*.

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*Famine and Fever on the Continent.*—According to the Breslau journals, the ravages of famine and typhus in some districts of Silesia are most fatal; and in the district of Plesse, it is calculated that there are no less than 3000 children which the epidemic has rendered orphans.—*Dublin Medical Press*.

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TO CORRESPONDENTS.—The paper of "F." on the use of chloroform, and one on Empiricism in Boston, have been received.

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MARRIED.—At Marblehead, Mass., Dr. James Briggs to Miss H. Glover.—At Newington, N. H., Dr. Benjamin T. Prescott, of Boston, to Miss M. A. F. Rollins.

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DIED.—At New Sharon, Me., Dr. James S. True.—Near Traveller's Rock, Geo., Dr. Wade H. Powell.—At Garlandsville, Mississippi, Dr. Longyon—murdered, with his wife, his mother and two children, by a negress. Two weeks before, his house was destroyed by fire, probably by the same wicked servant.

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*Report of Deaths in Boston*—for the week ending April 29th, 60.—Males, 34—females, 26.—Stillborn, 4. Of consumption, 14—typhus fever, 6—lung fever, 1—scarlet fever, 3—intemperance, 3—drowned, 3—croup, 6—dropsy, 2—dropsy on the brain, 1—teething, 3—infantile, 6—convulsions, 2—disease of the brain, 3—disease of the heart, 1—bronchitis, 1—accidental, 1—child-bed, 1—murdered, 1—scrofula, 1—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 4—between 20 and 40 years, 13—between 40 and 60 years, 11—over 60 years, 5.



*Medical Miscellany.*—It seems that the income of the American Homœopathic Journal does not pay the cost of publication, and the anxious question is asked at the close of No. 24, vol. 2, What shall we do?—Died, at Wexford, Canada West, Mr. Daniel Aiken, aged 120 years. He had, during his life, contracted seven marriages, and had 570 grand-children and great-grand-children: 300 boys and 270 girls.—A Dr. Anderson, of Birkenhead, England, recently died from using chloroform. He was in his usual state of health, which was delicate, when chloroform was administered to him for the purpose of rendering the extraction of a tooth painless. Within forty-eight hours a rush of blood to the lungs threatened instant death, and he expired on the second day afterwards.—M. Poggiale, Professor of Chemistry at the Military Hospital, Val de Grace, states, that inhalation of the vapor of aldehyde produces insensibility in a more prompt and complete manner than ether or chloroform. Several dogs have been rendered completely unconscious in the space of forty-five seconds; no accidents occurred. On one occasion, the inhalation was continued during ten minutes, and the animals spontaneously recovered.—The praises of Dr. Motte, at Palermo, who is the son of Dr. Motte, of New York, are on every tongue in Sicily. He offered his services to the Committee as a surgeon during the conflict, and labored in poor health, day after day, and night after night, in the most painful duties of his profession, and that, too, without the least hope of reward; for it was hardly expected that the people would be victorious. He has endeared towards him the hearts of the Sicilians, and since the people have conquered, he has been made Surgeon General of the Sicilian army.—Dr. Horner, of Adams Co., and Dr. Wm. McIlvain, of Penn., have been appointed delegates to a political convention.—The London Literary Gazette of March 18th, says: "M Hammerschmid, of Vienna, as the result of 1500 operations, gives the preference to ether over chloroform as a narcotic, and attributes to the latter, consequences which may prove detrimental to the constitution."

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The means for the study of Practical Anatomy will be as great as Students desire.

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All the public institutions, open to any Medical Students in this city, will be available to those of this School.

For terms, &c., apply to Dr. THAYER, 12 Essex street, on any day, between 2 and 4 P. M.

JOHN BACON, M.D.

C. E. BUCKINGHAM, M.D.

EDWARD H. CLARKE, M.D.

W. HENRY THAYER, M.D.

Boston, Feb. 15, 1848.

Feb 16—eptf

JOHN B. WALKER, M.D.

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C. T. TRAFTON

[Feb. 9.—eplyr.]

S. R. PHILBRICK.

**DISEASES OF THE EYE AND EAR.**

Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont st., opposite Tremont House. Sept. 29—eptf  
February 14, 1843.

**J. C. NEILSON, M.D.,**

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street,

Apr. 12—epl y

BOSTON.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.      WEDNESDAY, MAY 10, 1848.      No. 15.

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## POPLITEAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION.

BY J. KNIGHT, M.D., AND D. A. TYLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 18th of October, 1847, I was consulted, at the request of Dr. D. A. Tyler, of this city, by Henry Johnson, a wood-sawyer, about 48 years old, for a tumor in the left ham—the left leg being the limb he uniformly stood upon whilst at his business. This tumor Dr. Tyler considered to be an aneurism of the popliteal artery. For several months he had suffered from pain in the limb, especially below the knee, which the patient thought was rheumatism; and about two months before, had discovered a small tumor in the ham, which pulsated from the beginning, and which, as well as the pain, had been gradually increasing. I found the tumor of such a size as to occupy the whole of the popliteal space, and to press strongly upon the tendons of the flexor muscles, particularly those upon the outside of the limb. The leg, below the knee, was very painful and largely œdematous. All the symptoms of aneurism were so strongly marked as to leave no doubt concerning the nature of the affection. The action of the artery and the pulsation of the tumor were easily suppressed by very moderate pressure upon the femoral artery, either where it passes over the bone of the pubis or in the groin, or still lower down where it passes under the sartorius muscle. The patient was directed to lie in bed for a few days; and to relieve the severe pain he suffered, laudanum was administered in doses of 30 to 40 drops, and, when necessary, some of the common cathartics. By these means, employed for about a week, the œdema of the leg was cured, and the pain very much diminished; indeed, while in bed he was free from pain. The tumor, however, was unchanged in site or character.

We now concluded to attempt a cure by pressure on the femoral artery above the tumor, upon the plan recently practised by Hutton, Bellingham and others. For this purpose we employed successively all the means which have been described—the hoop tourniquet, the calliper-shaped instrument, the common tourniquet, guarding the limb against the pressure of the strap by encasing it in thick sole leather, and by a variety of other mechanical contrivances. There was no difficulty in controlling the artery, either diminishing its action or suppressing it, by any of the instruments employed. By whatever instruments,



however, the pressure was made, however carefully it was guarded, whether continued upon one point only or shifted from one part of the artery to another, the pain in a short time became so severe that it could not be borne. There was no difference, in this respect, whether the limb was left uncovered or enveloped in a bandage from the toes upward. The pain was not in the part pressed upon by the instruments, but in the whole limb below, and was felt about equally in the thigh, especially the outside of it, and the leg below the knee. The pain usually began in 25 or 30 minutes after the pressure was applied, and became intolerable in 15 or 20 minutes longer, so that it could not be continued in any instance longer than an hour. These efforts were continued at intervals for 8 or 10 days, and, as nothing had been gained by them, were abandoned. Others have met with the same difficulty, and have been compelled to apply a ligature to the artery.

Before resorting to this, I concluded, with the concurrence of Dr. Tyler, to try manual pressure upon the artery. To accomplish this, a sufficient number of assistants was procured from the members of the medical class, who cheerfully offered their services. They were divided into relays—two keeping up the pressure for four or five hours, relieving each other every half hour, and these succeeded by two others, and so on. Sufficient pressure to suppress the pulsations of the tumor was found to be most easily made with the thumb or fingers, without a compress, upon the artery, as it passes over the os pubis; and the direction given to the assistants was to keep up this amount of pressure as nearly continuously as possible. This treatment was commenced at 3, P. M. No pain of consequence was produced by it for five or six hours; and then it was not severe, so that the patient was quieted by one eighth of a grain of morphine once or twice repeated, and slept for the most part during the night. About eight hours after the pressure was applied, the temperature of the limb was diminished, and it appeared shrunken in size. At 11 o'clock next morning, 20 hours from the commencement of the treatment, upon removing pressure from the artery, the tumor had diminished very little, if at all, and pulsated about as strongly as ever, but the tibial arteries could not be felt. Probably the blood had ceased to enter them from the tumor during the night, in consequence of a coagulum forming in the artery where it left the aneurism. Upon examining the parts the next morning, about 40 hours from the commencement of the treatment, the tumor was found nearly one third smaller in size, firm and unyielding on pressure, and entirely without pulsation. All treatment was discontinued. The femoral artery pulsated with its usual strength in the groin, and distinctly as far as its passage through the tendon of the adductor muscles. Between this point and the tumor, it could not be felt. Several of the anastomosing arteries, especially one upon the inside of the limb, could be felt pulsating strongly and enlarged in size.

From that time to this, a period of five months, no change has taken place in the limb, except that the tumor has gradually diminished in size



so as now scarcely to be felt ; and the leg, which at first was cold and weak, has nearly regained its natural temperature and strength.

The peculiarity of this case consists in the manner of making the pressure upon the artery, by the hands of assistants instead of mechanical contrivances ; and in the very slight pain which the patient experienced from it. The advantages of this mode of making pressure are such, that I should at once resort to it, if, upon trial, pressure by instruments was found to occasion much pain. It is interesting to look back upon the improvement which has been made in the treatment of aneurism during the past one hundred years. It is but seventy years since the only treatment ordinarily adopted for an external aneurism, consisted in cutting into it, emptying it of its blood, and applying a ligature to the two ends of the artery. The danger of this operation, from inflammation and from secondary hæmorrhage, was such that a large proportion of the patients died.

The first and greatest improvement, and that which has led to all the others, was the plan devised, not guessed at, but fairly reasoned out with great sagacity from well-known physiological and pathological laws, by Mr. Hunter, of placing a ligature upon the artery at a distance from the aneurismal tumor. The success of this mode of operating has been so great, that surgeons had almost ceased to look for any improvement on it.

Upon this plan, however, the treatment by pressure is a great improvement. It is one so simple, so easily practised even by those not familiar with surgical operations, and, so far as it has been tried, so entirely free from danger, that it well deserves to be employed in all cases to which it is appropriate. The principal objection to this plan, is the pain which it sometimes produces. This is mentioned in the cases which have been stated, as often severe, and, in some, intolerable. This objection is removed, if it should be found, that in other cases, as in the one which I have stated, manual, in the place of instrumental pressure, is so easily borne. One case does not prove that it will be so, but it is sufficient to encourage others to make trial of it. In some cases of aneurism, which are so near to the trunk of the body that pressure cannot be made upon the artery between it and the heart, it may perhaps be made upon the distal side of the tumor with success. If it is so situated that efficient pressure can be made upon the artery beyond the tumor and before any considerable branch is given off from it, coagulation of the blood will probably take place, and a cure be effected.

The treatment by pressure would seem, also, to be adapted to some cases of traumatic hæmorrhage ; those especially where a deeply-seated artery is divided at the bottom of a narrow wound, as in the palm of the hand or the sole of the foot. The trouble and anxiety which attend such cases, are familiar to every surgeon. In such cases, continuous pressure for a long time would probably not be necessary. It is a well-known fact, that arteries, when wounded, bleed in paroxysms at varying intervals, usually of several hours, and that obvious symptoms precede the hæmorrhage. These are, increased heat, pain, and throbbing of the arteries of the part wounded. If, when these symptoms appear, pres-



sure is made upon the artery above, as upon the brachial artery when the wounded artery is in the hand, the period of increased action of the vessels of the part and of hemorrhage may pass by, when the pressure can be removed, to be renewed again with the re-appearance of the symptoms, and continued thus at intervals until the wound in the artery is healed. I make this suggestion for those into whose hands a case of this kind may fall. The trouble to the surgeon, which attends this mode of treatment, is not to be taken into the account when the life of the patient is involved, or when he is to be saved from a severe surgical operation.

*New Haven, April 25, 1848.*

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#### MEDICAL CULTURE.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The life of a medical man is a school, in which many useful things are to be learned, of which text-books and elementary treatises make little account. It is no disparagement of their worth to say that the daily exigencies of medical experience will prove them inadequate to supply the wants which every practitioner will feel, and from which few are exempt, even in the more advanced stages of professional life; when it might be inferred that experience itself should have supplied them. The experience of each physician appertains only to the individual; and is in itself of small value. Compared with the experience of another, its value increases; with another, and still another, it comes at last to be inestimable. I must here abjure the thought that this collation of medical experiences, in itself, can train us to discrimination, sagacity, or efficiency. As well might the painter affect skill in the disposal of light and shade, for the production of a rural landscape, whose eye has never scanned a spreading tree, or a waving flower, as a physician think to analyze the phenomena of disease, or of medication, with profit to himself, or others, without elementary acquisition, or systematic training. The finger of a boor may strike a harp-string; and it may greet the ear with discords; perchance, may break! A conscious touch must wake its harmonies.

Although text-books and elementary treatises, even with the didactic drilling incident to private pupilage, do not comprise all that is desirable to fit us for the arduous duties of our profession, they are nevertheless indispensable; and fortunate indeed was the pupil, in Vermont, who, thirty-five years since, could hope to obtain them. By the aid of these alone, many young men, of an age gone by, have done honor to themselves, and to their profession. Compared, however, with the obviously increased facilities of the present time, to be found in our well-appointed schools of medicine; in our hospitals, museums, and ample libraries, our medical students have an advantage over those of a past age, which they cannot fully appreciate; and which their predecessors earnestly, though vainly coveted. In those days, how would the heart of the solitary pu-



pil, in the country physician's office, fortunate, even, in a tolerable supply of books, and in an intelligent and pains-taking preceptor, have leaped for joy at sight of such maps, and models and plates, and illustrations, as are now undervalued for their very abundance! I well remember how my own heart rioted in the acquisition, during the third year of my pupilage, of Bell's plates of the arteries! How different now the convenient appurtenances of the dissecting room, with its full supply of available material, from the retired and crazy loft, where a tottering plank sustained a half putrefied subject; and the eager student, his thoughts divided between fear of detection, and hope of improvement, pursued his inquiries, as best he might, unaided and alone! The lectures, and the illustrations, then unattainable, but now so accessible, rich in their varied instructions and demonstrations, would have ravished his ear with their music, and his eye with their beauty.

Medical text-books and elementary treatises, therefore, may not be undervalued. Nor can they be fully appreciated without the collateral lights afforded by our public schools and hospitals. This ordeal past, the graduate may safely enter on the duties of his profession. He has indeed taken a *step* in medical education; yet only a step in the progressive toil which constitutes professional life. Though few can be great, most may be intelligent, and few indeed need fail to become useful; and though the latter qualification may be less coveted, it becomes us to remember that it most behooves our employers, that we possess it. General intellectual cultivation, and refinement in morals, and taste, will not merely promote, but are positively essential to great professional excellence. Shall we be precluded from competition with other professions, in the liberal strife of mind which characterizes liberal men? May others spurn us from the field of intellectual toil, where moral culture and refining taste are blessing the world with creations no less beautiful than beneficent?

Under favoring circumstances, the young physician may now look for facilities which need only his own coöperation to insure a continued advance in knowledge. In populous towns and cities, a right-minded man, who has a *heart* as well as head for his profession, must inevitably continue to improve. He has easy access to intelligent medical associates; books are readily procured; and even schools and hospitals are yet available. In our larger villages there are many facilities for cultivation, inaccessible to the country practitioner. His interest may be sustained and his effort called forth by frequent contact; perhaps by conflict with men of mind in other professions, no less than his own. But how may the thousands who are scattered in every direction over the country; who constitute the larger part of the profession, and whose intelligence and skill is of *vital* importance to the mass—how are they to escape the rust, and inactivity, and inefficiency which isolation from kindred associates is so apt to induce? Hundreds, from a good beginning, have thus disappointed the hopes of their teachers and friends; and have become mere vegetating fixtures in the field, which should have been one of honor to themselves, and beneficence to others. Or, worse yet (we should say it in



sackcloth), have desecrated their noble calling by regarding it in no other light than that of a *trade*, by which to accumulate money ! These are the men who would anneal and wire-draw the knife of Sir Astley Cooper, or the sword of Washington, and hammer them into hob-nails, for gain ! Instruction is not *all* we require. The intellect alone will never sustain us in a high and noble aim. The *spirit* of the man needs cultivation, and training, and trial. Isolated science, and solitary philanthropy, are pretty fancies, with which to amuse the young, or to soothe the indolent ; but the stern necessities of life will resolve them into their true elements—imbecility, conceit, and selfishness. The social state, united purpose, and combined action, are the only conditions compatible with improvement ; and the only means by which any measure of knowledge or skill can be fully retained, when previously acquired. These, of course, are mere truisms ; but they form the basis of important conclusions, especially to the country physician. His condition is certainly unfavorable to that progress and final consummation which every honorable mind must earnestly covet. The entire list of his medical acquaintance is often comprised in a dozen names ; and of these he scarcely meets three in a month. Professional intercourse is limited to short and infrequent interviews, and these of a character not to favor free and full interchange of thought. Thus estranged from appropriate companionship, his thoughts grow sluggish, and his tongue gets paralyzed, as he plods his rounds. Or if he seeks with his few familiar books, more to escape the tedium of life than to revive his waning interest in their contents, he shrinks from the task with a chilling sense of the contrast between solitary reading, and the fellowship of study, where every acquisition, and every achievement, electrifies a class, or sparkles in the eye of a companion or friend. The community around him may be more or less intelligent ; but will they sympathize with the views of a man who deems continued intellectual culture indispensable to *just* eminence or real usefulness in his profession ? Alas ! for the infirmity of our nature. Without the responding look of intelligent approval ; without the commendation of a grateful word from those who can appreciate his toil, and are benefited by its results—how little is he likely to accomplish !

This is no fancy picture, but is drawn from life ; and will be recognized, with a painful sense of its truth, by hundreds of your readers. My own experience might furnish better illustrations of my subject than I care to reveal. These are at least sufficiently apparent to the readers of the Journal, to obviate the necessity of further obtruding them on their notice. I may be borne with, perhaps, for adverting to the fact that during the first ten years of my professional life, partly from location, and partly from circumstances more under my control, and therefore the more discreditable to myself, my condition was that of almost entire professional isolation. No wonder that mental strabismus, and intellectual stricture, and moral curvature, should have followed. Entire recovery, no doubt, is hopeless. Some amendment may have been effected ; and it may not be uninteresting to inquire into the character of the remedial agencies which have contributed to a partial convalescence.



Country physicians can expect to enjoy, only in a very limited degree, the advantages of medical companionship. They are remote from schools and hospitals. They are dependent, therefore, on the industry and activity of their own minds; prompted, it may be, by a just appreciation of their own responsibility; and aided, too often, only by a scanty library. His privations and toils will be found to differ materially from "airy nothings." They are veritable and substantial; and the man who encounters them, if he would hope for honor to himself, or benefit to others, or peace of conscience, must do it with a hearty good will, and with liberal plans. Otherwise, he will find himself rapidly verging to inefficiency and insignificance; or, it may be, to a contemptible, though successful competition with mountebanks and swindlers, in the sordid scramble for fees! Legitimate medicine will spurn them alike from her pale.

The scanty library, from time to time, perhaps, may be increased; but books, be it remembered, are expensive, and few will be able to accomplish great things in this direction, till protracted privation may have destroyed the taste for reading, if not the capacity for improvement. It is well to consider, therefore, how the small appropriations which a country practitioner can spare from more imperious necessities, can be best expended. The substance of medical science, such as the pupil was taught, no doubt, he already possesses, in the shape of elementary books and treatises, in the various departments of his profession. These, of course, should be reviewed, and kept for frequent reference. Many of them are comprised in thick octavos. *Large* books are most expensive; and yet, I apprehend, they have a charm for young men. There are good ones in the world, no doubt, but I have seldom succeeded in perusing one entirely through; and if my self-complacency has sometimes been elevated by the feat, it has sorely puzzled me to determine the exact amount of benefit I had derived from the exploit. I have achieved duodecimos, and *thin* octavos; and have supposed myself profited. I may as well confess, at once, I have a lurking horror of thick octavos. I can sympathize with the misgivings of the urchin, when he eyes the rocky sugar loaf; and commend his preference for the tiny lump, or the sapid morsel. The lump and the morsel have at least this advantage over the loaf, that the former are often within the means of the country physician, when he must starve if he waits for ability to purchase the latter. It is no easy matter to determine what sort and amount of books may barely suffice for a medical library. There are diversities of taste and opinion on the subject; and it is no doubt true that the same books are not equally adapted to interest and instruct each individual of a group, where there may be no difference in aptitude to learn. There is one class of books indispensable for all. Medical and surgical dictionaries, and dispensatories; those, too, published within the memory of man, should be had without stint. In my own estimation, a good Dictionary of the *English Language* would be no bad acquisition for an American physician; by which he might find occasional helps in the very humble duty of speaking and writing his mother tongue intelligibly. Some like



old books ; others, new. It will be a safe maxim not to despise good books because they are *old*, and to refrain from purchasing worthless ones, because they are *new*. There are good old books, not a few, an occasional reference to which is refreshing. No doubt, it would be folly for a young man, of limited means, to spend much time or money in such purchases ; but let him make the chance-gatherings of the “good old masters,” that may fall in his way. Quaintness and piquancy and sturdy truth are so commingled in their pages, that we are left in doubt whether we are most delighted or instructed. In truth, one hardly knows, in a limited number, which to choose, of old books or new. Nor is it easy to decide *what* constitutes a medical book. If Burton’s Anatomy of Melancholy may not stand side by side with Bell’s Anatomy, I yield all claim to judgment in such matters. I would make a place near them for good Isaac Walton ; and Shakspeare should grace the collection, as the crowning excellence of medical literature—“ministering to the mind diseased, and razing out the troubles of the brain.”

There is another book, a very old one, and more commonly to be found in the shape of a thick duodecimo, which I deem an appropriate appendage to a medical library. Among other matters of essential importance to the physician, it furnishes an able exposition of the *principles* of Forensic Medicine, and contains the best code extant, on Medical Etiquette ; a summary of the last being in the words following, “Therefore, all things whatsoever ye would that men should do to you, do ye the same to them.”

The medical periodicals are invaluable aids to improvement—the panorama of the profession—exhibiting the relations of its several departments, and instructing us, as they move onward, in all their interesting developments. They do not so much attempt the inculcation of elementary truths, as to enforce them by all the illustrations which progressive medicine furnishes. They are the profession itself portrayed. Though they instruct us in many important facts, the knowledge of which, except through them, would be long delayed, they serve a still higher end, by inciting us to effort ourselves by the force of example.

They may be conveniently divided into two classes ; the first comprising, mainly, notices and REVIEWS of the principal works in the various departments of medicine and surgery. Their utility, of course, must depend on the ability and fairness with which they are conducted. Fortunately, the profession of medicine is no less a republic, than the republic of letters, of which, indeed, it is no inconsiderable part. It contains within itself, therefore, all that is needful for the correction of abuses. Our medical reviews probably embody a greater amount of matter, the knowledge of which is essential to a full appreciation of modern medicine, than is accessible with the same money, in the same time, and with the same labor, in any other form. The physician with limited means, therefore, can ill afford the economy of stinted appropriations in that department.

There is an intermediate class of periodicals, in the form of summaries and retrospects of medicine ; but these, perhaps, are better adapted to



the wants of the learned, to the purposes of the greater lights of our profession, than to the necessities of the country practitioner.

The second class comprises the *Journals of Medicine and Surgery*, in their usual form and acceptance, and are obviously *the* periodicals most directly adapted to interest and instruct us in the ever-recurring occasions of country practice. A *quarterly* publication may of course comprise all that the *weekly* issues contain ; yet, though they appear in a less pretending form, my own experience has led me to the conclusion that the latter should be always preferred. Temptations to indolence and procrastination beset us continually ; and few are so happy as to escape the snare. That which can be done by little and little, is more likely to be accomplished, than the giant labor which requires continued and protracted effort. The *volume* may lie for days and weeks unopened, with the plausible pretext that quiet and leisure are needful to its profitable perusal ; while the unpretending and portable *pamphlet* will be consulted during our meals, or in the intervals of conversation, or will be pocketed for our solitary rides, and our protracted watchings in the chambers of the sick. On such occasions, I have been more than once surprised and delighted to find the very suggestion I needed for the relief of my patient, on the page I had unconsciously folded, for solace, while detained at his bed-side.

I may be enthusiastic in my estimate of the value of weekly journals ; though I have little doubt that many intelligent and useful physicians have become such through their agency. A well-conducted weekly will seldom fail to be promptly and thoroughly read ; and those who thus read, uniformly exhibit its influence on themselves, by a better acquaintance with their own libraries, and by an awakened interest in medical pursuits. The weekly visiter soon becomes necessary to our comfort ; and thus acquires a personality, and wears to us the face of a friend. Its correspondents, by degrees, come to be regarded as our familiar acquaintance ; and their long absence from the pages where we look for them, at intervals, is felt like the absence of one from our own household. Gray-haired veterans, and sturdy savans, and ardent striplings, mingle their cautions, and their dogmas, and their enthusiasm, in its pages, to warn, and instruct, and encourage us. The different localities they occupy become objects of interest by exhibiting their varieties in the type and form of disease ; our sympathies cluster at the bed-sides of their patients ; and the mountain, and the valley, and the coast, are each associated, in our minds, with an authority we may safely follow, or with a name we love. The editor who presides over all this fellowship of instruction and encouragement, comes to be, by turns, our patron, our coadjutor, and our protégé. If the honors of the profession are clustering about him, we exult in them, as if we might appropriate them to ourselves. If detraction assails him, we are ready for his defence ; and if misfortune and sorrow are mingled in his cup, our sympathies are prompt for their alleviation. May not the country physician thus forget his isolation, in the enjoyment of advantages, rivalling the benefits of professional association in large towns and populous cities ?

J. L. CHANDLER.

St. Albans, Vt., April 15th, 1848.



## CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, illustrative of the injuries, perhaps dangerous consequences, which may follow the use of chloroform, I send you for publication, hoping it may be of interest to the profession, and that others who may chance to have met with similar cases may be induced in like manner to give publicity to them. In this way only can precision or accuracy be arrived at, regarding the safety of its administration, or any information founded upon precedent be gained (supposing results in individual cases analogous) respecting the symptoms, pathology, or best method of treatment.

Margaret, servant, aged 18, perfectly healthy, inhaled chloroform for the purpose of having a tooth extracted. A phial of chloroform was held to the nose, but after two or three inhalations, lest this might occupy too much time, a quantity, less by estimation than a drachm, was poured upon a handkerchief and re-applied to the nose and mouth. In about a minute insensibility was induced, and simultaneously with it a state quite similar to hysteria, as indicated by spasms, sighs, sobs, and the like, lasting from three to five minutes, when being apparently restored, the tooth by her request was drawn. Immediately after this she relapsed into her former state, and so continued for an hour, with intervals of quiet, at which time she felt herself sufficiently restored to walk home. During this time fresh air was freely admitted, cold water was dashed in the face, and brandy and water given her to drink. An hour after the spasms returned with increased severity, and lasted the succeeding two days, with intervals varying from fifteen minutes to six hours, when the last and most severe spasm occurred, lasting upwards of two hours, and so severe as to induce the family and others to believe her actually dying.

The symptoms were violent muscular contractions, sometimes rigidity, when most quiet simply nervous twitching, vertigo, pain in head, flushed cheeks, eyes rolled up, pupil natural, dysphagia, frothing at mouth, dyspnoea with sense of constriction across chest, and intense burning pain in cardiac region, of which she constantly complained from first to last. The pulse varied but little from the natural state, either in strength or frequency. For a time the spasms were somewhat under her control, but during their intensity she was wholly ignorant, as she afterwards said, of everything transpiring about her.

The treatment was first antispasmodics and sinapisms, afterwards venesection, morphine, and finally small but often repeated doses of Dover's powder. The duration of the sickness was one week, of the spasms sixty hours.

That the result is not attributable to the use of an "impure article," is rendered quite certain, since it was prepared by persons whose reputation and experience in the manufacture is very extensive (Little & Co.), and since the same phial has been used both before and since with perfect success. That it is in no way traceable to the manner of inhalation



is equally certain, since the same method is recommended on the highest authority, and has been employed by others as well as myself without any unpleasant consequences. The quantity used was small, the time occupied in producing insensibility short. What explanation, then, can be given of the fact, that certain constitutions are thus unpleasantly affected by the use of an agent so harmless to the great majority? or how can we, with any degree of certainty, foretell the probable effect in any particular case? These are questions which time perhaps will solve. Possibly fear, operating upon a naturally nervous temperament, may exercise some influence in producing disagreeable consequences. It is not less singular than true, that the greater proportion of the instances of injury arising from it have occurred in females, many of them in early life. What the results might have been had etherization been pushed to a greater extent, I am unable to say, but the symptoms were so entirely different from the ordinary "resistance" of a person attempting inhalation for the first time, that I do not regret having desisted. F.

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#### THE FIRST SURGICAL USE OF THE NEW ADHESIVE PLASTER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Will you again favor me with a brief space in your Journal. Had I not expected that my first paper, giving a concise history of my knowledge and the uses of the Solution of Gun Cotton, would have also been my last, it would have remained unpublished. I was compulsively disappointed. I had no suspicion that any person in the world would dispute the accident of my original surgical application of the article. I have recently learned, however, that Professor Schonbein, the discoverer of both cotton and solution, had, long ago, made this application;—thus he might have done it in justice. My second paper, reflecting all the merit of the use of the solution upon Mr. Maynard, and retaining for myself that only which implied the least possible, if any, honor—the accidental surgical discovery—I hoped and thought would end what seems to me a most inglorious and unimportant controversy. Finding, upon a personal interview with Mr. Maynard, before this article was out (he having read my manuscript, by permission, more than a week before it was published), that he had already commenced a reply, I proposed a mutual public compromise of any kind, which should appear in the same Journal with my paper, and so close the contest. This he declined.

I do not admit at all the conclusiveness which Mr. Maynard finds in his paper of last week. He states, to show that his knowledge of the existence of such an article as the solution of gun cotton was as early as I possessed the preparation at all, that he was present at Mr. Burnett's store when I made my first solution there. Upon our interview, he informed me that he should make this statement an argument. I assured him of his mistake, and that he was not present. I was not aware at this time that I could prove the correctness of my memory and also his error. He may have been present at some time when I have dissolved gun cotton at



Mr. Burnett's store; but, that he was not when I dissolved my first, will appear by the following letter from Mr. P. J. Hassard, the gentleman who prepared the cotton, and who has been for many years before the medical community as a clerk of Mr. Metcalf and also of Mr. Burnett.

"Boston, May 1st, 1848.

"FRIEND BIGELOW,—You ask me to give you an account of all the soluble preparations of gun cotton which I have made for you, together with such circumstances as I can recollect connected with their preparation; and, also, whether Mr. Maynard was present when the *first* bottle was made. This statement I am happy to be able to furnish. You came into Mr. Burnett's store one day, early in January, 1847, I should think, and said you wished me to prepare you some gun cotton which would dissolve in ether. You said that Dr. Jackson had shown some at a meeting of the Natural History Society. You then went up to his office, and procured a formula, from which I, the same day, prepared some soluble gun cotton. The next day, you came in, and we proceeded to dissolve some of it in sulphuric ether, in a four-ounce vial; and as you shook it up, you said—'This is probably the first bottle of gun cotton solution which was ever prepared for use in Boston.' *Mr. Maynard was not present at this time*; you were unaccompanied by any one. The next which I prepared for you was in April, 1847. This I sent to you. In July, you again sent to me to make you some, and although I followed the original formula procured from Dr. Jackson, I failed almost entirely—but a small portion of the cotton dissolving. After repeated attempts and failures, I discovered that the nitric acid which I had used in preparing the cotton, had, from some accident, become mixed with muriatic acid, thus changing its original chemical properties. I emptied it away; and, during the past winter, Mr. Burnett has prepared it according to your first, and the only formula I ever knew—viz., two parts of sulphuric and one of nitric acids. He succeeded perfectly, showing the fault to have been entirely with the acids, the formula never having been changed.

"Very truly yours, P. J. HASSARD."

Mr. Maynard, then, had not the early knowledge of the solution which he claims, and he exhibits probably in my letter to him of April 5th, his first information that I did actually dissolve my first at Mr. Burnett's. He only shows by his positive date of the 17th of Jan., from Dr. Whitney, that, in my desire to avoid the appearance of crowding him by too close dates, which I made, as is apparent, only as fictitious, approximating as nearly as I could, after the lapse of a year and a half, circumstances with which I never charged my mind, I had carried them too far away. I had it in my power, at the time, to fix my date, and omitted it only from carelessness. I state, in my second paper, that I am able to fix the period at which I was engaged in varnishing the cast, by the fact of my brother's return from an absence while I was thus engaged, omitting to give the date of this return. I find it to have been the 13th of Jan'y, 1847, upon reference to his memoranda. Thus, if he had made a surgical application of the solution before the 20th, I had also varnished my foot before that time;



and, during this period, applied it three times in surgery. I again positively assert that I did not furnish Mr. Maynard with the solution until after this occurred.

His last communication makes it appear that he had made a surgical application of the solution before I had used it all; and this seems very absurd. Why did he ask me repeatedly, as he did, to furnish him with a new article, if it had no value, or of which he knew nothing? He states that he only knew it through me; and how could I demonstrate to him peculiar virtues which I did not know by experiment to exist? And why did he not, instead of asking me to "save him some," when he saw me dissolve it at Mr. Burnett's, ask me to give him some on the spot, when there were vials enough to contain it, and where the solution was present? I forgot repeatedly to carry him a portion to the lecture room, as he had desired me to do, and at last he accompanied me to my lodgings to supply himself with the *first which he ever had or saw*. According to his own statement, "I never received any from any other source, nor had I myself made any previous to my application of it to surgery." This was the *first* which he ever received from me; and I was at this time engaged in putting up minute skeletons with the solution, which I did not begin to do until after I had varnished my plaster cast; and of course I did not attempt to stick bones together with the article, until I had discovered its adhesiveness. This I am able to prove. Yet the proof involves names which I have no desire to introduce in this controversy.

With this I conclude my public communications with Mr. Maynard, unless in defence of truth. I consider the importance of the first application—it being accidental on either side—most insignificant. I have reluctantly appeared in this article, as also in my last, that I may not seem to have made a claim, however slight, which is not my right entirely. As I have stated before, my first history of the application and uses of this adhesive preparation would not have appeared, had I foreseen a dispute—for I do not consider the merit an equivalent for the controversy, though it has perhaps saved the adhesive solution from death by patent and secresy. It is the *injustice* to which I cannot submit; and I distinctly and forever deny Mr. Maynard's claim, defended, I think, with the stimulus of a pecuniary hope, which I have never possessed.

S. L. BIGELOW.

*Boston, May 5, 1848.*

#### EMPIRICISM IN BOSTON.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I would beg leave to call your attention, and that of the Mass. Medical Society, to the number of empirics at present practising in this city, particularly those who limit their practice to their fellow countrymen the Irish adopted citizens. I may be told that it is a matter of little importance who practises among the illiterate Irish. This very want of knowledge, however, and the humble condition of a large number of honest



and industrious citizens of this class, should be sufficient inducements to call forth the sympathy and protection of the more enlightened. I have not the honor of belonging to any medical body, nor of practising the medical profession, therefore I cannot be charged with any jealous or envious feelings in this matter. I have been spoken to frequently, by dupes of these charlatans, who complained of the imposition practised upon them. A medical man, a friend of mine, was called upon a short time since in consultation with one of these *pretenders*, whose successful traffic enables him to sport a pair of greys. He followed the messenger, and was in due form introduced to Dr. Quack, who informed him that, at his request, he was sent for to use some instruments which he himself did not have. It was a case of protracted labor. Dr. M., on examination, found there was no necessity to use instruments, as everything was going on *pro forma*. At the same time the Dr. wrote a recipe for “secale cornutum,” and handed it to our learned Hibernian. “Arra, doctor,” says the representative of Esculapius, “hadn’t we betther give her some ergot of rye?” Another of these floating philosophers came in contact with a physician at a patient’s house. The physician had some knowledge of this person’s character, and did not consult with him. But in order that his opinion of the man might be confirmed, he asked him what disease the patient was laboring under. Our man of science, with a dignity and gravity worthy of an Aristotle or Hippocrates, said that the patient had a disease of the heart. When further interrogated as to what particular disease, he thundered forth, with the sonorous voice of Edmund Burke, that “the pleura was in contact with the liver.” Another of this class, whom nature intended to make useful, by furnishing him with a wide back and broad *understandings*, on hearing of his brother’s decease, left his useful employment in Ireland, and is now flourishing in one of our cities, a lancet in one hand for his suffering countrymen, and a trochar and canula in the other, ready to plunge into any one that will say aught of his good name.

A friend of mine from New York, speaking of Irish practitioners in that city, said it was literally inundated with such empirics. He said the ship owners and agents in Liverpool were in the habit of engaging any person who professed to be a medical man, their rules obliging them to have a surgeon on board. Some few months since, an unfortunate “knight of the thimble” was soliloquizing thus on the quays of Liverpool—“I should feel happy were I in the ‘land of the free,’ but I have not a red cent to take me there.” A lucky thought suggested itself to Pat, and rubbing his hands with delight, says he, “the *pothecary’s* boy was taken out as surgeon last week free, and got some pay in the bargain; and why can’t an honest boy like me, with as much knowledge of a surgeon as he has, meet with the same success?” Noticing an advertisement in one of the daily papers for a surgeon on board a packet ship, he furnished himself with a cane, put on a long professional face, made application, and was accepted. Fortunately for Pat, there was no sickness of any consequence on board during the voyage; nor anything else to mar the harmony and dignity which his new profession



placed him in, until they were a few weeks out, when one of the passengers addressed him, good humoredly, saying, "Docthor, the last pair of pantaloons you made for me is all ript." This may be looked upon as the effervescence of some mental hallucination, or visionary idea, but facts are stranger than fiction, and will prove themselves.

It is passing strange, that a certain class of individuals in this city, whose influence over the adopted citizens, is not a little, should for a moment countenance such men. Yet it is well known that they have extolled empirics publicly. It would be far better for these persons to attend to their respective duties, than to be recommending empirics or hypocritical devotees.

I may be told, that "this is a free country, and any person has a perfect right to engage in any avocation or profession he or they may please." No one for a moment will doubt this assertion. But when *human life* becomes the question at issue, such an advocacy of public liberty becomes ridiculous and dangerous. It is only a matter of right due to each citizen, that the Herculean arm of the law should in such cases throw its shield over him. It guarantees us protection from open foes; our property is safe under its genial covering; and it punishes criminals, who are guilty of violating its mandates. Yet in the plenitude of its philanthropy it allows the worse than daggered assassin to enter the home of our adopted citizens, and administer that bane which deprives them of health and life. It would be well to call the attention of the Legislature to these grievances, in order that a remedy may be applied, a strong cathartic administered, which will purge from the community a host of charlatans. Is it possible, or will coming generations believe it, that in the nineteenth century, in this age of progression and reformation, in the midst of an enlightened community, and in the truly called Athens of America, men can be found thus desecrating a profession that was looked upon in its pristine days as "holy"?

Heretofore, in the list of names of physicians appearing in the Directory and Almanacs, there was a star appended to the name of each regular practitioner. Recently this mark of distinction has been dispensed with, to the very great inconvenience of the public. I would suggest the propriety of having a list of regular physicians, duly qualified and belonging to the Medical Society, struck off; also a list of the empirics in another column; such circular or list to be distributed to the public, and copies permanently placed in every apothecary's store. Then the public would have an opportunity of choosing for themselves.

I have the honor to be,      AN ADOPTED CITIZEN.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON, MAY 10, 1848.

Sale of Poisons.—The bill recently before the Legislature of Massachusetts, providing that a registration be made by apothecaries of the names of all persons purchasing poisons, their residence, the quantity, and the day of sale, was incidentally lost, in consequence of the absence of the gentleman who introduced it. This is to be regretted, because a law of the kind is needed exceedingly, for the purpose of preventing the commission of atrocious crimes through the agency of the virulent drugs, which any murderer may now obtain of a druggist with impunity—hardly being asked what he intends doing with them. Thus prussic acid, strychnia, and many other deadly poisons, may in some places be procured by a child, if the price is paid. If the plan contemplated in the order had been realized, it would have tended in many cases to the prevention of a class of high crimes, and in others would have led to their detection. Dr. Cooledge, it is admitted, caused the death of his victim, in Maine, with prussic acid. The order sent to Boston by him for the article, was accidentally found among a mass of cast-away papers in Mr. Burnett's cellar. Had a record been required of the druggist, it would have facilitated the investigations of the court, and prevented the risk of losing all traces of the buyer. Again, a mere child, a girl of fourteen, is now lying in Boston jail, awaiting trial for the murder of her own mother by arsenic. Should children be permitted to make such an extraordinary purchase as quietly as though it were a loaf of bread? There should be more responsibility thrown upon the shoulders of the apothecary, to protect the community against the horrible crimes that may be perpetrated under the present irresponsible mode of selling poisons to whoever asks for them. Time, however, will eventually regulate the matter—for the sovereign people, who are deeply concerned in it, will certainly have an ascendant voice in the matter, and that before a great while.

Therapeutical Remembrancer.—This volume is what its title indicates, viz., a book of facts—being a dispensatory, and having an entire list of all the approved medicinal preparations. It embraces whatever is authorized in the London, Edinburgh and Dublin Colleges of Physicians, &c. The author is John Mayne, M.D.; revised, with the addition of the formulæ of the United States Pharmacopœia, by R. Eglesfield Griffith, M.D. These gentlemen are not unknown as authors, having established a reputation for judgment, tact and credibility by their past exertions. Dr. Mayne says that this volume differs in design and construction from any other manual that has yet appeared; while at the same time, the entire plan of arrangement adopted throughout its pages, will, it is hoped, become apparent under the slightest examination. Dr. Griffith speaks thus—"This work is so excellent a compound of the officinal processes directed by the three British colleges, and in so convenient and portable form, that an edition of it, also comprising those of the United States Pharmacopœia, cannot fail to be useful to the medical profession of this country." Finally, it comes from

the press of Messrs. Lea & Blanchard, Philadelphia, who so very rarely publish a poor book on any subject relating to medicine. Messrs. Ticknor & Co., Boston, will furnish copies so reasonably, that they will be within the reach of even moderate means.

Diseases of the Chest.—A history of auscultation shows how little was formerly known of diseases of the chest. Physicians were groping in the dark for ages, guessing and presuming that they comprehended the true nature of the maladies which fasten upon the organs and tissues of the thorax. Often misled, and confused by ever-varying indications of abnormal conditions, it is a wonder that the fathers of medicine succeeded at all in the management of those obscure, and generally formidable ills which fasten upon that region. The degree of success which they attained indicates their vigilance and devotion to their patients. Based upon their researches, a bold, enthusiastic body of medical inquirers have finally mastered the pathological intricacies concerned, and opened a sealed book. The stethoscope in their hands, like the telescope in the astronomer's, has unfolded new truths and fields for exploration, and certainty now characterizes the physical investigations into the symptoms and localities of diseases, in regard to which everything was once dubious and unsatisfactory.

Although works follow each other with much rapidity on the *Principles of Auscultation*, there is no fear of having a plethora of knowledge or too many facts on the subject; and hence we greet every new treatise with feelings of gratitude, as another contribution to the common stock of humanity. The treatise before us is a plain, practical guide, just what is sought for by practitioners, because it tells them how to proceed, and when to act, in overcoming certain diseases. The author has, however, applied a torch to a powder magazine as regards a class of one idea physicians, by the substitution of mercury for venesection. But they must not be unnecessarily alarmed because the old monster in medicine has once more been introduced into the arena. The prejudice that has been engendered against the use of mercury, is of little account with those fair-minded, faithful medical men, who are more ambitious to relieve their patients than to waste time in combating arguments arrayed against it.

Assistance to students seems to have been a paramount object with the author, who has introduced, very judiciously, we think, a short summary of the laws of sound, as applicable to auscultation of the chest. There are twenty-two chapters, so arranged that there is a kind of natural connection of all the topics discussed, which constitutes an important feature in any work that is designed for frequent consultation. These chapters treat of Properties of Sound, Sounds elicited by Percussion, Auscultation of the sounds of Respiration, Auscultation of the sounds of the Voice, Auscultation of the sounds of the Heart, Practice of Auscultation, Thoracic Aneurism, Chronic Heart Disease, Circumscribed Pleurisy, Chronic Pleurisy, Nature, Development, Causes and Termination of Phthisis Pulmonalis. A principal object in being thus particular in naming the subjects discussed, is to show their number and importance, and thus demonstrate the utility of the book.

Eastern Penitentiary Medical Report.—This is a Pennsylvania institution, in which the doings of the physician afford us the most interest. Dr. Robert A. Given, and our friend Dr. Bemis, medical officer of the

Charlestown State Prison, appear to understand the medical management of prisons, as well, at least, as any others whose reports have come to our notice. This opinion has its origin in the unusual amount of health in these prisons, and the decrease of sickness and mortality, from year to year, with the increase of numbers. Dr. Given is a philosopher, as every medical man should be, in his position, and we tender him our thanks for his unabated and successful labors to ameliorate the condition of poor criminals.

American Medical Association.—Having received no report from correspondents of the proceedings of the Association in Baltimore last week, nearly all that has been gathered in regard to them is from the daily papers. The delegates met on Tuesday, May 2d. Dr. Chapman, of Pennsylvania, delivered a brief but cordial address. A motion to open the daily session with prayer was laid on the table, and later in the day, after considerable discussion, was adopted. At the close of the afternoon session, the following elections were announced:—For vice president, Samuel Jackson, of Philadelphia; for secretary, Dr. Alfred Stillé, of Philadelphia; for treasurer, Dr. Isaac Hays, of Philadelphia. On the second day the following additional officers were elected:—president, A. H. Stevens, of New York; vice presidents, John C. Warren, of Boston, Paul F. Eve, of Augusta, Geo., and Wm. M. Awl, of Columbus, Ohio; secretary, H. I. Bowditch, of Boston.

Dr. Thomas O. Edwards, a member of Congress from Ohio, introduced and read a lengthy statement, in which he showed that an immense amount of vitiated, spurious, adulterated drugs and chemicals was introduced into this country and administered to the sick. The doctor urged upon the Convention the necessity of memorializing Congress, as a body, on the subject.

Upon the conclusion of the address, Dr. Hale moved that the thanks of the Association be tendered to Dr. Edwards, and that a committee of five be appointed by the chair to prepare a memorial to Congress on the subject, which was adopted.

Dr. Holmes, of Boston, of the committee on Medical Literature, read a lengthy report, and very amusing withal. The report embraced a rather scathing review of American Medical Literature. The doctor was employed nearly two hours in reading it. It was laid upon the table.

The discussion of the subject of the employment of ether in obstetrics and surgery, came up, and the debate was commenced by Dr. J. C. Warren, of Boston, who advocated the use of chloric ether in preference to sulphuric ether or chloroform.

A larger number of representatives were present, than at Philadelphia in 1847. The meeting was as satisfactory as could have been desired. A further and more exact account will be published when received. The meeting in 1849 is to be held in the city of Boston.

Boston Medical Association.—At the annual meeting of this association, May 1st, Dr. John Homans in the chair, Dr. William J. Dale was chosen secretary for the ensuing year, Dr. Samuel Parkman declining a re-election. Drs. Jacob Bigelow, John Homans, George Hayward, John Ware and Enoch Hale were re-elected Standing Committee.

On motion of Dr. James Jackson it was voted, "That an adjourned

meeting of the association be held at the Masonic Temple, Monday, May 15th, at 4 o'clock, P. M., for the purpose of nominating candidates to be supported as counsellors for the Massachusetts Medical Society, from Suffolk District, at the annual meeting of the same." The Society then adjourned.

Connecticut Medical Society.—The annual meeting of this Society will be held at the Medical College, New Haven, Wednesday, May 10, 1848.

The following gentlemen have been chosen as fellows.

Hartford County.—Drs. E. K. Hunt, David Crary, Josiah C. Banning, Horace C. Gillette, John F. Wells.

New Haven Co.—Drs. G. O. Sumner, Alvan Talcott, Henry Bronson, G. L. Platt, W. J. Whiting.

New London Co.—Drs. W. J. Perkins, B. F. Barker, W. W. Miner, Dyer S. Brainard, Geo. E. Palmer.

Windham Co.—Drs. Hiram Holt, Joseph Palmer, Elijah Baldwin, Jr., Wm. H. Cogswell, James B. Whitcomb.

Fairfield Co.—Drs. Rufus Blakeman, Sturges Bulkley, Samuel Beach, H. N. Bennett, Elijah Middlebrook.

Litchfield Co.—Drs. Norman Lyman, Wm. W. Welch, A. A. Wright, J. C. Hatch, B. B. North.

Middlesex Co.—Drs. Wm. B. Casey, Frederick W. Shepard, G. C. H. Gilbert.

Tolland Co.—Drs. Francis Dickinson, Gilbert N. Preston, A. Skinner.

Chloroform. By DANIEL HARRINGTON, Dentist, Philadelphia.—I have administered the ether and the chloroform in a limited number of cases, and in each case, with perfect success, void of any unpleasant effect. In giving the latter to a few persons who were desirous of experiencing its effects upon their own systems, merely for the purpose of experiment, three of the number were affected with the late epidemic influenza, and, apart from any such expectation, each one was found to be perfectly relieved on the influence of the chloroform subsiding, from the convulsive or sneezing propensity, and likewise from the constant, troublesome, watery effusion from the nares; in a word, from every symptom of the disease as having existed *twenty minutes previous to the inhalation* of this singular agent. I have some other cases of cure, of a similar character, so far as relates to the operation of chloroform, that may be communicated at a future period, should they be thought worthy of publication.—*Medical Examiner.*

TO CORRESPONDENTS.—Cases reported by Dr. J. E. Dubois, and Wm. Sherwin, and remarks on costiveness by Dr. Clough, have been received. Also a paper on the Discovery of Etherization.

MARRIED.—In Boston, Dr. E. W. Drake, of Middleboro', Mass., to Miss Mary E. daughter of Dr. R. Capen, of Boston.

DIED,—At Owego, N. Y., Dr. J. Fay, 44.

Report of Deaths in Boston—for the week ending May 6th, 64.—Males, 35—females, 29.—Stillborn, 7. Of consumption, 15—typhus fever, 7—lung fever, 1—scarlet fever, 3—old age, 2—infantile, 9—teething, 3—croup, 4—hooping cough, 3—dysentery, 2—inflammation of the bowels, 1—inflammation of the bladder, 1—murdered, 1—apoplexy, 1—paralysis, 2—drowned, 1—dropsy on the brain, 1—convulsions, 2—hemorrhage, 1—marasmus, 1—disease of the liver, 1—disease of the bladder, 1—child-bed, 1.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 21—between 40 and 60 years, 5—over 60 years, 8.

Medical Miscellany—The following items of foreign medical intelligence are from the Southern Med. and Surg. Journal.—The Society of Medicine of Strasbourg has decided upon the proposition of Prof. Sédillot to raise a subscription to be presented to Dr. Jackson of Boston, the inventor, say they, of the application of ether as an anæsthetic agent.—It has just been decided by the School of Pharmacy of Paris, to have placed upon its walls the portrait of Nicholas Courtois, the discoverer of Iodine, in 1811. He is said to have lived and died in obscurity. It is thus with the world. The man who will nobly and liberally give to society an important invention or discovery will too often be neglected and suffer in absolute penury, while the quack, from his worthless nostrum, may indulge every luxury.—Velpeau has lately expressed, in the Academy of Sciences, his decided opinion in favor of chloroform over ether.—Prof. Bérard, of Paris, is publishing his Lectures on Physiology, and the impression is made that he designs retiring to private life.—Philip Boyer, son of the old veteran, Baron Boyer, has lately had the eighth successful amputation of the thigh—a success unprecedented for Paris.—Gutta Perka, known to Europe since 1843, is being now used for various surgical purposes, as in the treatment of fractures, in the construction of bougies, pessaries, &c. It is the lactescent juice of a tree found in Singapore. At the temperature of 50 Fahrenheit, it is as hard as wood, but becoming soft as wax below the temperature of boiling water. It is insoluble in water, but is dissolved by chloroform.—Prof. Bérard, Dean of the Faculty of Montpellier, was recently dismissed from his office for his liberal principles, by the Ministry of Louis Philippe. But they in their turn being deposed by the people of Paris for their illiberal actions, the old Dean has been reinstated by the new government of France.—Prof. Orfila, Dean of the Faculty of Paris, has been dismissed from his office, and Prof. Bouillaud appointed in his place.—Stromeyer has succeeded Dieffenbach at Berlin.—There are 454 Students of Medicine in the school at Constantinople.—In Russia, physicians alone can resort to anæsthetic means. No dentist or midwife is permitted to use chloroform or ether, except in the presence of and under the authority of a regular educated doctor.

BOYLSTON MEDICAL SCHOOL,

INCORPORATED IN 1847.

THE Course of Instruction for the ensuing year, will begin on the 1st Wednesday in March, 1848. No pains nor expense will be spared to offer every advantage to our Students. Private examinations of patients, both medical and surgical, with particular regard to the treatment of the diseases and accidents likely to fall under the care of a general practitioner, will be constantly made.

The wards of the Massachusetts General Hospital will be open throughout the year to our Students, in common with those of other Schools; and a large number of post-mortem examinations, at which they may assist, will afford them excellent opportunities for the study of Pathological Anatomy.

The means for the study of Practical Anatomy will be as great as Students desire.

Fully illustrated Lectures upon Chemistry, Pathology, Anatomy, Physiology, Hygiene, Materia Medica and Obstetrics, with their bearing upon Legal Medicine, will form a part of the course.

All the public institutions, open to any Medical Students in this city, will be available to those of this School.

For terms, &c., apply to Dr. THAYER, 12 Essex street, on any day, between 2 and 4 P. M.

JOHN BACON, M.D.

C. E. BUCKINGHAM, M.D.

EDWARD H. CLARKE, M.D.

W. HENRY THAYER, M.D.

Boston, Feb. 15, 1848.

Feb 16—eptf

JOHN B. WALKER, M.D.

J. P. MAYNARD'S LIQUID ADHESIVE PLASTER, OR COTTON SOLUTION.

A NEW and elegant substitute for Plaster Cloth, Sutures, Bandages, &c., in surgical operations. It is also much preferable to Court Plaster and Gold Beater's Skin, being nearly the color of the skin, adhering more closely to it, and continuing pliable and unaffected by washing.

This article, originally applied to Surgery by J. P. MAYNARD, has been found by all Surgeons who have tested it, far superior and more convenient than any former means of dressing Incised Wounds. For Burns, Sore Nipples, and all excoriated surfaces, it has proved extremely efficacious. It is not acted upon by water, and adheres with almost incredible tenacity to the skin, keeping the edges of the wound closely together, and causing it to heal with hardly a perceptible scar.

Prepared after the formula of J. P. Maynard, by MAYNARD & NOYES, and for sale by them at No. 11 Merchant's Row. apr. 26

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MANUFACTURERS, Chemists, &c. Wholesale dealers in French and English Chemicals, English Extracts, Pure Powdered Articles, Fresh and Genuine Drugs of every description, Instruments, &c. Particular attention paid to the selection and preparation of articles for Physicians' orders.

C. T. TRAFTON

[Feb. 9.—eplry.]

S. R. PHILBRICK.

DISEASES OF THE EYE AND EAR.

Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont st., opposite Tremont House.

February 14, 1843.

Sept. 29—eptf

J. C. NEILSON, M.D.,

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street,

Apr. 12—eplry

BOSTON,

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, MAY 17, 1848. No. 16.

CONGENITAL HYDROCEPHALUS, WITH SPINA BIFIDA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the first number of Wood's Quarterly Retrospect, I find a description of a case of congenital hydrocephalus, connected with spina bifida (extracted from your Journal), which bears so remarkable a resemblance to a case which occurred in my practice last summer, that I am induced to send you a brief account of it. I regret that it must necessarily be very imperfect, as I had no idea at the time of reporting it for publication, and moreover was obliged, by urgent calls of business, to hasten away without examining the foetus as minutely as I otherwise should have done. I have also appended a brief description of another somewhat remarkable case of spina bifida—which occurred some time previously. Should you think either or both of these cases worthy of publication, they are at your service.

Very respectfully, your ob't serv't, J. E. DUBOIS, M.D.
New Utrecht, N. Y., April 28, 1848.

Early on the morning of the 8th of August last, I was called to see Mrs. H. G., then in labor with her first child. On my arrival, I was told that the liquor amnii had already been discharged; the pains were regular, but not severe, with long intervals between. On examination, I found the os uteri considerably dilated, the breech of the foetus presenting, the uterine contractions not very strong. Under these circumstances, the labor made slow progress, and was not completed until evening; but as the patient was robust and manifested no appearance of exhaustion, there was no necessity of resorting to the use of any measures to expedite the process. As the foetus advanced (it was a female) the labia could be distinctly felt, but soon after I was considerably embarrassed; for on passing the finger in an opposite direction, beyond what appeared to be the anus, another cleft or fissure was discovered, seeming like another labia! The feet were now brought down, and the body of the foetus was soon expelled, but the delivery of the head was not completed until some time after. The head was not measured, but was enormously enlarged, *more than twice* the usual size, and contained a large quantity of fluid, in which the bones of the cranium, which were detached, seemed to be loosely floating. On the lumbar region was a fissure about four

inches in length and one and a half in width. The vertebræ were deficient; there had evidently been a tumor, the external wall of which had been destroyed (by absorption most probably), leaving the open cleft a fissure. The fœtus had probably been living until a few hours before birth.

Case of Spina Bifida and Malformation.—On the 29th of June, 1846, I was called to attend Mrs. V., already the mother of a large family. The labor was easy and soon completed. On examination of the child, a large tumor was discovered in the lumbar region, about four inches in length and two in width at the middle part, of an oval form, and considerably elevated. About one third of the surface of the tumor was in a state of ulceration, and the skin for some distance around it was discolored. From this ulcerated surface there was a constant purulent discharge; sometimes a portion of it would heal, but then the ulceration always advanced in some other direction. The thumb of one hand was wanting, and there was varus of one foot. Any considerable pressure on the tumor would cause spasms. Still the child lived until about two months old, when it died with every indication of hydrocephalus. No fluid was ever discharged from the tumor externally; but about three weeks before the child's death, after a *very large discharge of water from the bladder* apparently, the tumor suddenly subsided, but after a few days gradually increased again, though it never attained its former dimensions. The vertebræ were totally wanting beneath the tumor. Autopsy was not allowed.

A MEDICAL LECTURE,

Delivered in Phoenix, N. Y., on the Evening of February 27th, 1848, by N. WILLIAMS, M.D.
and communicated for the Boston Medical and Surgical Journal.

LADIES AND GENTLEMEN,—In view of the sickness and corporeal suffering which have been entailed upon our race, the goodness of our Heavenly Father has mercifully placed within reach, the means to assuage the pangs of disease and protract the period of human existence. And whilst we acknowledge the benevolence of Deity in making known a remedy for all our spiritual infirmities, let us not be unmindful of his goodness in also providing for the diseases incident to our mortal bodies. For as we do not of ourselves possess an adequate remedy for the maladies of the soul, so also are our corporeal bodies destitute of that self-preserving principle necessary to our recovery from many diseases to which we are exposed. Hence it may be said, that what the gospel is to the inward man, the healing art is to the outward man. It is true, that when disease assails our bodies, there is generally an effort on the part of the corporeal system, to resist the intruder and restore health once more to her forsaken throne. For instance, if a particle of sand or any foreign body becomes lodged in the eye, a most painful sensation is produced, a flow of tears is excited, and in this way the object is removed, and the organ relieved of its suffering. So, also, if we cut or lacerate

our flesh, an inflammation is produced, a peculiar fluid called fibrin is deposited between the raw surfaces, and this becoming organized, once more restores the union of the parts. And to this principle are we mainly indebted for our recovery from the consequences of falls, blows, wounds, &c., rather than to the liniments, washes or plasters, of your over-officious doctors, or kind-hearted but unskilful friends and nurses. Ignorance of this important law, has resulted in great injustice and thousands of erroneous conclusions. For it is nothing very uncommon for nature to perform the cure, whilst its entire credit is ascribed to the physician or some one else. It does not follow, because an individual has a lame back, applies the "Poor Man's Plaster," and gets well, that the plaster has performed the cure. It is true, moreover, that were it not for this restorative principle (or this *vis medicatrix naturæ*, as it is called by physicians), we should not possess the faculty of subduing a solitary disease, though of the most simple character. But notwithstanding all this, we should be extremely cautious lest too much dependence be placed upon the principle now under consideration. For much as we rely upon it, it is a truth well known, at least among medical men, that the restorative principle is not always salutary in its operations. That she generally and almost invariably lends her services where disease exists, cannot be denied; though instances are known where her efforts are not manifested at all, as well as those where they are not of a healthy character. I am aware that this to the speculative, rather than the practical philosopher, will appear as a bold and unwarrantable position. To say that a law of nature is defective, that it is inadequate to its own purposes, is indeed an assertion, not to be admitted without some evidence, at least, in its support. But fortunately for the position, the proofs are neither few nor far between. Instances have presented themselves to almost every one, of burns upon the extremities, where both the fingers and toes have been united and consolidated. Nature, it is true, has acted in the premises, and she has performed the cure; but in doing it (if she is always salutary), she should have spared herself the trouble of gluing either the fingers or toes together. A little girl in my practice, a few years since, received a burn upon the top of her foot; the cure was entrusted to nature, rather than the physician. In a few weeks nature had accomplished her work; but in doing it, she had so far contracted the tendons, that the foot was turned perpendicularly upward, and the ankle-joint dislocated. A division of the tendons enabled me to extend the foot and restore it again to its natural position, an object which ought to have been secured whilst the healing process was yet going on. Nothing is more common, than the adhesion of one internal organ to another, as the result of a previous inflammation. The lungs are frequently attached to the spine, ribs, diaphragm, &c. And so also of the liver and stomach, whilst one portion of the bowels has been inseparably attached to another. And why all this, if the restorative principle is "never wrong, but always efficient"? And again, it cannot be said that nature exercises the utmost discretion in the production of the second set of teeth. In general this is the case, but frequently, through apparent impatience, she forces

the permanent teeth in upon the original set, before the latter have been apprised of their own danger, or have scarcely dreamed of leaving the ground. A contest ensues, victory decides in favor of the original occupants, and the new recruits are thrown into a state of most deplorable irregularity and confusion.

We are apt to speak of the restorative principle as though it were all harmony, wisdom and benevolence. But truth requires us to say, that though this principle is often the instrument of health, it is nevertheless not unfrequently the instrument of death also. In it the bane and antidote are often combined, and the great business of the physician is to encourage its salutary efforts and counteract those of an opposite character. I know very well, that there are those who declare, that their medicines assist nature and harmonize in all respects with her operations; and I acknowledge, that the sentiment, *a priori*, is a reasonable one. But the main objection to it is, as has already been shown, that the restorative principle is not always trustworthy in its services. Prove to me that nature is always right in this particular, nay, more, that she always is true to her purposes in the production of her offspring; that order and beauty, instead of the most eccentric *deformity*, characterize her workmanship, and I will confess the incorrectness of the position which I have assumed. Till then, I must repudiate the idea, that the restorative principle is always favorable in its efforts to overcome disease, or that it affords a correct indication of the business of medical men. And after all, there is nothing so very absurd or unphilosophical in this conclusion as many, at first, might suppose. For it is to be borne in mind, that natural laws, even, are more or less modified by circumstances. For instance, thunder and lightning are phenomena resulting from a destruction of the equilibrium of the electric fluid; yet this very fluid is so far influenced by the magnetic telegraph, that where these wires are abundant, both of these phenomena are comparatively rare. Here a powerful effect has been produced upon natural laws and their results, and it requires no great stretch of credulity, on my part, to believe, that a change equally important has taken place in the character of the restorative principle. Not for the better, however, but for the worse; and in proportion as man has degenerated in his habits and mode of life.

I do not contend that natural laws are anything different from what their author designed them to be. But I do contend that the whole human family is physically degenerated, that the seeds of disease are at an early period implanted within us, and that a premature dissolution is our inevitable destiny. We shrink with horror at the thought, and turn with the deepest anguish from the spectacle of our own frailty; but seldom do we realize that we are reaping the fruit of own folly and indiscretion. True it is, that our organic laws have been grossly violated, and it would be folly to suppose that no deleterious consequences were the result. Our mode of life for the present, and for generations which have passed, has been more of an artificial character than otherwise. Luxury, idleness and intemperance are our peculiar characteristics. Through these channels the corporeal system has become deranged, its

vital energies enfeebled, and the restorative principle materially impaired. Where, then, is the safety in trusting to nature the cure of diseases, or of adopting her as an invariable guide? To do so, would be occasionally to do right, and (under present circumstances) not unfrequently to do wrong. To my mind, nature appears as an unsafe and unskilful physician, and one whose qualifications are becoming still more and more impaired, as the demand for her services is increased.

If such be the case, there seems an absolute necessity for additional means to mitigate corporeal suffering, and conduct the various maladies of our race to a more safe and happy termination. To this end, Medical Science has been applied. To this end, the Healing Art has most emphatically and nobly responded. Hence, when assailed by disease, we seek, with no little confidence, that relief which it is the peculiar province of Medicine to bestow. And in this respect we are doubtless more influenced by our instinctive propensities than any habit which has been acquired. This is rendered more than probable when we take into consideration the fact, that all nations have had some knowledge of curative remedies; and more especially when we reflect that even the lower animals have their peculiar remedies, to which they resort with instinctive certainty. Of their remedies, however, we know less than of the diseases to which they are exposed. And yet enough is known to satisfy us, that they have their antidotes, and those, too, which are followed by the most satisfactory results. Some naturalist, whose name I have forgotten, relates the following incident, which shows the inadequacy of the restorative principle in the lower animals, and their instinctive inclination to remedial agents. A combat took place between a toad and a venomous serpent. The toad, on receiving a wound, would leave his antagonist, hop a few feet and pluck a small herb, which he held in his mouth for a moment, after which he would return to the engagement. This operation was several times performed, but at length an observer removed the antidote out of his reach, when the poor toad immediately began to sicken and soon died.

Enough, I trust, has been said to show the two following points, viz.—that the restorative principle is not always salutary in its operations, and that there is an absolute necessity for auxiliary means in the treatment of disease. In the selection of these means, man, instead of being directed by instinctive faculties, is thrown altogether upon his own reason and observation. To him, experiment and observation are what instinct is to the lower classes of animated beings. Hence the science of medicine is emphatically an experimental science. It is prompted by no intuitive or instinctive principle whatever; but is based upon an actual trial and careful observation of the operations of medicines upon living bodies. Thus the ancients directed their sick to be exposed in public places, and, as strangers were passing by, they were required to examine each case and compare it with those which had previously fallen under their observation, and to recommend such remedies as had been known to operate favorably in similar complaints. This expedient had the effect of gaining a confidence in certain medicines when applied to certain

diseases, and of laying the foundation for a system of medicine, which the lapse of more than two thousand years has only served to strengthen and improve. The knowledge of the healing art which had thus been acquired, was for a long time destitute of that systematic arrangement necessary to its consideration as a science. At length, however, the energies of Hippocrates, a Greek physician, was aroused to the performance of this hitherto unaccomplished and momentous task. He seized, with a commendable zeal, upon the discordant materials which the archives of Greece, Rome, Egypt, Arabia and other countries afforded him, and from which he was enabled to lay both deep and wide the foundation and *only* foundation of *true medical knowledge*. To this great and good man are we indebted, not only for having brought to view the fundamental principles of the profession, but for having excited a more general and successful spirit of inquiry relative to so momentous a subject. Since the time of Hippocrates, which was near five hundred years prior to the christian era, the healing art has been practised as a distinct and independent profession. Its principles have been the subject of the closest study and investigation among all civilized nations, and that, too, by men of the most profound attainments. In the earlier history of medicine, the names of Æsculapius, Galen, Fabricius, Harvey, Boerhaave, &c., are associated with the most exalted sentiments of wisdom, morality and goodness. In our own age and in our own country, we cherish, with just and patriotic pride, the names of many distinguished for their virtues and unsurpassed attainments in medical science and general literature. And it is a matter of the most hearty congratulation, that the labors of such men have not been in vain, but have been crowned with a degree of success commensurate to the amount of talent and labor which have been bestowed. In proof of this, it might be said that there are many diseases which, of themselves would result in a fatal termination, but which are now, when treated by the skilful physician, attended with little or no danger. Prior to vaccination, it was estimated that *one* out of every *three* cases of death was caused by small-pox. At the present time, not more than *one* out of every *five hundred* dies of this disease. It is also asserted by high authority, that belladonna is an actual preventive of scarlet fever; and that where the disease has become established, its danger and severity are materially lessened by this remedy. Very recently, moreover, it has been declared by an English physician, that chlorine gas effectually counteracts and decomposes the effluvia by which the Asiatic cholera is generated. And there is reason for the opinion, that there are many other diseases of a malignant and dangerous character, which subsequent discoveries will enable us to govern at our will.

In addition to the foregoing, I may mention the recent discovery that the vapor of sulphuric ether is an effectual remedy for pain attending surgical operations. This was the result of the united experiments of Drs. Jackson and Morton, of Boston, in 1846. Under the influence of this powerful agent, the most painful operations have been performed without the least suffering on the part of the subjects of them. Tu-

mors have been removed, limbs amputated, fractured and dislocated bones adjusted, and even a red-hot iron drawn the whole length of the back, without one distorted look or the quiver of a muscle. Encouraged by the discovery of the letheon, other experiments have been instituted, resulting in the use of chloroform for the same important and desirable purposes. To Dr. Simpson, of Edinburgh, belongs the credit of this discovery, which took place in 1847; though justice to ourselves, and particularly to Drs. Morton and Jackson, requires me to say, in the language of the London Lancet, that "to the discovery of the use of ether vapor we owe the employment of chloroform." The discovery of these agents is emphatically the greatest one of modern times connected with the profession, and one for which suffering humanity has reason to be grateful in the extreme. Blessings upon their authors for having so abundantly contributed to relieve the pain and suffering of the unfortunate.

Other improvements, not only in the medical, but in the surgical department of the profession, have of late been introduced, as is evinced by the multiplicity of artificial limbs, eyes, noses, lips, palates and teeth, worn at the present day. Surely, then, the science of medicine possesses the most ample means for benefiting man, and contributing its full share to mitigate his trials, sufferings and misfortunes. Every year brings with it some accession to our present stock of knowledge, by which the limits of our profession are extended and its resources for the cure of diseases increased. The elements of improvement and *genuine* "reform" are at work, and will not cease until "the whole lump has been leavened." No disease should be regarded as incurable, or neglected, because an adequate remedy does not already exist. "I can try," has led to the discovery of specific remedies for many diseases, and may for all others which do or may exist. Not long since, cancer, diabetes and pulmonary consumption were considered incurable diseases. At present, however, the idea is abandoned relative to the two latter complaints, and less confidence is attached to the belief of the fatal results of the former. Those who *doubt* the curability of pulmonary consumption are referred to the more recent writings of Laennec, Andral, Stokes, Williams, Bennet, &c. These writings show, that this hitherto fatal and extensive malady is not necessarily fatal, and inspire us with the anticipation, that other diseases, which can now only be palliated, will yet be brought under the benign influence of the healing art.

But still, let us not anticipate too much, for in our present state of physical degeneracy, diseases must exist, and their victims sink to a premature grave. For notwithstanding we may possess a specific remedy for all diseases, yet there is a limit beyond which their influence is lost, and that, too, as a legitimate consequence of the exhausted and worn out condition of the constitution itself. But though man is mortal, and though our most successful efforts must finally fail, still it is the province of medicine to modify what it cannot prevent, and mitigate what it cannot heal. And this, the peculiar resources pertaining to it enable us, under all cir-

cumstances, to do. Of the truth of this all are aware, who have a tolerable understanding of the fundamental principles of the profession.

It is to be regretted, however, that the public mind is not generally enlightened upon this important subject. A general knowledge of the principles of the profession may and ought to be possessed by every individual. In the absence of a physician this would enable others to prescribe, in cases of sickness, something which might be actually beneficial to the patient, till such time as some one better qualified might be called. It would also enable those who attend upon the sick, in the capacity of nurses, to co-operate with the physician, instead of frequently destroying the effect of his best remedies, by the improper addition or substitution of their own. And, lastly, it would qualify individuals justly to discriminate between various systems of practice adopted by those who espouse this important art. At the present time, it is too often the case, that physicians of the most limited attainments succeed the best in gaining the patronage of the community, and amassing wealth from the practice of their profession. In the estimation of many, a real bragging, blustering sort of fellow is twice as good a doctor as any other. With others, fine clothes, a polite bow, and splendid horse and carriage, constitute the very best evidence of a skilful physician. Others still, are of opinion that studied gravity, a grave countenance and an air of dignified silence, are marks of a discerning and cautious practitioner. Unfavorable as these remarks may be to the sagacity of individuals, they are nevertheless too true of entire communities. Were it otherwise, presumptuous ignoramuses would not thrive and fatten, where talent and substantial worth sicken and die. All these, and many other evils, would at once disappear if the people possessed the same amount of knowledge upon the subject of medicine which they possess in regard to law, politics and theology.

[To be continued.]

VAGINAL HYSTEROTOMY.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—In the last number of the American Journal an interesting case of “Vaginal Hysterotomy” is reported by Professor Bedford, of New York. In the conclusion of the paper, Dr. Bedford has the following—“I am not aware that this operation has ever been performed in America—at least I have found no record of it.” In one of the numbers of the Boston Journal, probably in 1834 or 1835, perhaps at a subsequent period, I published a case of “Occlusion of the Os Uteri,” successfully treated by vaginal hysterotomy, and saved both mother and child; and if you have the Journal of that date, which doubtless you have, you will readily find the case reported. If so, and you think my case a parallel one to Dr. Bedford’s, please notice it in your Journal, and oblige your friend and ob’t serv’t,

Prince Edward C. H., Va., May 2, 1848. J. P. METTAUER.

[The case above referred to is reported by Prof. Mettauer (who has favored us at different times with several valuable papers) in this Journal

for August 5, 1835. We prefer copying from it that part which contains the account of the operation, that Prof. M. and others who have read the case in the *American Journal*, may judge for themselves respecting the similarity of the two cases. The part copied will also be found interesting in itself to those not prepared to make a comparison. It will be seen that Prof. M. is mistaken with regard to saving the child.]

“With these facts before me, I was irresistibly led to the conclusion that the os uteri was covered and occluded by a membrane; that its close attachment to it as well as the contiguous parts prevented dilatation, and thus became the active instrument in resisting and interrupting labor, in its first or preparatory stage.

“In this state of the case a medical friend arrived. A further examination was now made to satisfy our minds that the views already intimated were not gratuitous or entirely without foundation. There being a perfect unanimity and concurrence of opinion in our consultation, both as regards the nature of the case and the remediate course demanded for its relief, no time was lost in performing the operation agreed on, which was short and exceedingly simple—and executed in the following manner.

“The index finger of the left hand was introduced into the vagina, and its extremity placed in contact with the protruding part. A common perforator with the point pretty sharp and keen, held in the right, was then introduced and conducted along the finger down to the protrusion, with its convexity to the hollow of the sacrum; the point now was applied a little below the most prominent part of it, under the impression that being curved, the instrument would with greater certainty enter the os uteri, after puncturing the membrane, without the danger of wounding the cervix should the protrusion be correspondent with the tincal opening. Placed in this situation the perforator was entered by a gentle but steady effort. As soon as the water began to jet from the wound, and to flow from the vagina, so as to be recognized as the liquor amnii, the puncture was enlarged, by simply opening the blades a little. The finger now was made to enter it, as the perforator was withdrawn, merely to plug it up until I could get out of the direction which the gushing sluice of the waters would be apt to take. The finger being removed, the waters flowed with great impetuosity. They were very soon evacuated, leaving the abdomen much reduced, and affording the anxious female no inconsiderable relief from pain and soreness. As soon as the water ceased to flow, I examined again. I found that the os uteri was covered by a thick, strong membrane, that I had punctured it nearly opposite to the tincal opening; and that this last had not dilated beyond the size of a twenty-cent piece. I next enlarged, with much difficulty, the puncture, by tearing the membrane with the index finger, detaching it at the same time from the margin of the os uteri and cervix, as well as the surrounding contiguous parts. While separating the membrane I distinctly perceived the os tincae dilate, which in a few seconds was expanded to the full size for delivery—the whole operation lasted about fifteen minutes. The foetus was now dissected away without any further delay, though with

much difficulty, owing to the contracted and compressed state of the straits. The woman's two former labors, in which I had been compelled to resort to embryotomy, induced me in this case to employ it unhesitatingly and as a matter of unavoidable necessity. The fœtus was very large. The woman, after such protracted and severe suffering, felt so much relieved in mind, as soon as delivery was announced, as to declare that she was entirely free from pain. There was, notwithstanding, much tenderness and soreness throughout the abdominal region. In six hours after delivery I directed an active cathartic ; to be repeated once in eight or twelve hours, until the tenderness of the abdomen should subside. Recovery was rapid. The woman has been pregnant since this case occurred, requiring embryotomy before delivery could be effected, and is now in fine health."

THE DISCOVERY OF ETHERIZATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some of the writers in your Journal, on "etherization," including Dr. Bigelow, appear to one of your readers, at least, guilty of very great injustice towards the late Dr. Wells, of Hartford, in claiming for Dr. Morton or Jackson, or both, the credit of the discovery of such temporary insensibility by the inhalation of anæsthetic agents, that surgical operations may be painless. True, Dr. B. and some others confine their remarks exclusively to "etherization"; bending all their strength to show that to one or both of these *Boston* gentlemen, this great discovery belongs. But with all due deference to these writers, this is not the question at issue; it is the *principle*, that such a degree of insensibility may be safely produced by inhaling certain substances, that surgical operations may be safely performed, during the continuance of that state. It is presumed that there is not a physician in these United States, *out of the city of Boston*, but what fully believes that the credit of such discovery belongs wholly and solely to the late Horace Wells, M.D., of Hartford. Indeed, it would seem to be the aim of these gentlemen—although we believe them innocent of such design—to do intentional injustice to the lamented inventor; for we cannot suppose that they are ignorant of what he actually accomplished in this matter. First, we had a dozen writers in your Journal, some advocating the claims of Jackson, and some those of Morton. Next, we had a voluminous report of the surgeons of the Massachusetts General Hospital, in which Dr. Jackson was certainly handled without gloves, and his pretensions pretty effectually demolished—without, however, establishing those of Dr. Morton. Next, we have an entire number of the "Living Age" devoted to sustain the claims of Dr. Morton, and, strange as it may seem, an acute Yankee lawyer employed "professionally" to advocate this gentleman's pretensions to the honors of the discovery. As a piece of special pleading, this effort of Mr. Dana does credit to his talents and ingenuity; but if it is a fair specimen of his candor and honesty, we shall be compelled to place the honorable advocate in a lower scale of morality, than

he would be pleased to occupy. Granting the premises, the argument is entirely successful ; but, unfortunately for the success of his cause, they are without foundation. We are prepared to prove this, whenever it may be denied. Lastly, we have Dr. Bigelow's essay, which is supposed to be designed to clinch the nail which the former laborers have driven. In the continuation of his article in the last number of your Journal, p. 265, the claims of Dr. Wells are thus summarily disposed of—"The suggestion of the discovery occurred to Davy, Jackson, Wells, Morton and many others. Horace Wells seems to have conceived this hypothesis more distinctly than any other individual. So persuaded was he of its *probability*, that he made several experiments ; and even made a journey to the medical class at Boston, before whom, however, he entirely failed to *verify his theory* ! He then abandoned it, until it was confirmed by Dr. Morton."

If Dr. B. wishes to pass for a man of candor, he will have to revise the above paragraph, before he sends out his essay in pamphlet form. After all that has been proved to the world, in relation to Dr. Wells's claim to this discovery, it is presuming a good deal, to put forth such a statement as we have quoted above. For, let it be remembered, that in the fall of 1844, Dr. Wells, then practising dentistry in Hartford, took himself nitrous oxide gas, and had a tooth extracted without the slightest pain, and that he performed the same operation on nearly twenty patients under similar circumstances, and with like results ; that he soon afterwards went to Boston and made known his discovery, and *the experiments which proved it*, to Drs. Jackson and Morton, Warren and Hayward ; the two first expressing their utter disbelief that surgical operations could be performed without pain, and both admitting that the fact was entirely new to them. By invitation, Dr. Wells addressed the medical class on the subject. In this address, he endeavored to establish the principle that the system, when wrought up to a certain degree of nervous excitement, by any means whatever, would thus be rendered insensible to pain, and would admit of surgical operations being performed without any disagreeable sensations. In proof of this, Dr. Wells related his experience in extracting teeth under the influence of nitrous oxide gas, stating that, with one or two exceptions, all on whom he had operated experienced no pain whatever. He also stated distinctly that he was making use of nitrous oxide gas, simply because he considered it safer than anything else which could be used for this purpose ; assuring the class that the same result would follow, if the nervous system was sufficiently excited in any manner whatever. Dr. W., it is true, attempted to extract a tooth before the class, while the patient was under the influence of the gas, but not with entire success, as frequently happens now ; in this case the gas bag was removed before the patient was brought under its influence. Dr. B., and all the writers who are endeavoring to prove this discovery a *Boston notion*, rest their argument entirely *on the failure of this single experiment*, without even hinting that Dr. W. had ever performed other experiments, or even succeeded in a single one. This marked unfairness admits of no excuse nor apology. It was injustice to the living ; it is now injustice to the *dead*.

Dr. Morton was a student of Dr. Wells, and through the influence of his preceptor was established in business in Boston as a dentist. Dr. W. fully communicated with him; made no secret of his discovery; told him to get Dr. Jackson to prepare him some nitrous oxide gas, whid gave him *ether* in its place, which was successfully used soon afterwaros in the Massachusetts General Hospital. Drs. Jackson and Morton now entered into a written contract as *co-discoverers*, took out a patent, and sent out general circulars cautioning the profession against using their peculiar "*compound*" or "*letheon*," under heavy penalties, and offering to sell rights for \$50, and to allow surgeons to use it, provided they would hand over *one half* of all they received for operations performed on patients under its use! In this "agreement," and in the specification of their patent, Dr. Jackson acknowledges that Dr. Morton made the discovery "in conjunction" with himself, although in letters sent to Paris and elsewhere, Dr. J. is said to take all the credit to himself, not even mentioning Dr. Morton's name! As soon as these facts were known, a rupture, of course, took place between Jackson and Morton; criminations and recriminations followed; their respective advocates entered the arena, and the result has been, that the claims of both have been effectually exploded (always excepting, in the eyes of the Boston faculty).

Does any one deny the above statements? We have the affidavits of several gentlemen of Hartford, sustaining every one of them. Dr. P. W. Ellsworth, son of Gov. Ellsworth, stated, in an article in your own pages, that the above facts came under his own personal observation. Dr. Marcy also states (Journal of Commerce) that he was knowing to the same facts, and that Dr. W. had operated on many patients while rendered insensible not only by nitrous oxide, but *ether*. And yet, in the face of all this, Dr. Bigelow says "the SUGGESTION occurred to Dr. Wells"; and that "he seems to have conceived the HYPOTHESIS more distinctly than any other individual"! Most truly he did, and so distinctly that he had one of his own teeth extracted, under the influence of the "hypothesis," and extracted more than a score of others under like circumstances! The studied attempts at mystification, in which this matter has been involved, does no credit to the candor of the gentlemen, who, whatever may have been their motives, whether *pecuniary* like that of Mr. Dana, or of a more disinterested character, have lent their efforts to sustain an unjust claim. Why harp so incessantly upon *ether* alone (this has already given way to chloroform and other agents)? For, as Dr. Marcy states, "*The man who first discovered the fact that the inhalation of a gaseous substance would render the body insensible to pain, during surgical operations, should be entitled to all the credit or emolument which may accrue from the use of any substance of this nature.*" This is the PRINCIPLE—this is the FACT—this is the DISCOVERY. The mere substitution of *ether*, or any other article, for the gas, no more entitles one to the claim of a *discovery*, than the substitution of coal for wood in generating steam, would entitle one to be called the discoverer of the powers of steam." While, therefore, we agree with Dr. Bigelow that

"the man to whom the original hint occurs is not the inventor, nor yet he who forms a theory upon this hint," we maintain that all this has no application to Dr. Wells, with whom this matter was not a "theory," nor an "hypothesis," but a *fact*, demonstrated by more than twenty successful experiments. But, says Dr. B., Dr. Wells did not convince other people of the reality of his claims. By "other people," we suppose we are to understand "Boston people." Hartford people, Connecticut people, were convinced, but it took a *Bostonian* to convince Boston people. Notwithstanding Dr. W.'s statement in his lecture in Boston, that he had succeeded in twenty cases, in extracting teeth while the patient was in a state of insensibility, yet because of his partial failure in a single experiment, he was ridiculed, and his pretensions scouted to the four winds. But no sooner does the same "theory" come up under the auspices of two Bostonians, than the doors of the Massachusetts General Hospital were thrown open to them; every facility is granted for carrying on their experiments, and the whole literary and professional talent of Boston is called into requisition to publish the discovery to the world, and extol the merits of the men who were instrumental in connecting their own names with it.

"He who verifies the suggestion," says Dr. Bigelow, "is the real discoverer." Did not Dr. Wells verify it? Hear the late Dr. Fuller, of Hartford, in his affidavit.

"I hereby certify that Horace Wells, dentist, has, for more than two years, had the reputation, in this city, of having made a discovery which enabled him and others to extract teeth without pain, by the use of exhilarating gas. I have conversed with several gentlemen, whose reputation for honor and veracity places them above suspicion, who have had these operations performed by the said Wells, in the fall of 1844; and they assure me that the operation was attended with no pain whatever. There is no doubt in my mind that said Wells discovered and made the first practical application of this principle in surgical operations. By comparing dates of the several claimants, there can remain no doubt of this fact.

S. FULLER, M.D."

"Hartford, March 25th, 1847.

And yet, says Dr. B., "Dr. Morton *verified* the suggestion, from whatever source it emanated"! Again, "he assumed the responsibility of danger. He *first* conclusively demonstrated of ETHER—1, that it would always produce insensibility to pain; 2, that it was safe. *These two points constitute the discovery.*" How does this tally with the affidavit of Dr. E. E. Marcy, which reads thus:—

"I take pleasure in certifying, that more than two years since, at the request of Horace Wells, Esq., of this city, I visited his rooms for the purpose of witnessing the extraction of a tooth from a man, while under the influence of the nitrous oxide gas. The idea was novel to me, and I took occasion to be present during the operation. The gas was administered by Mr. Wells, and the operation performed without any apparent suffering on the part of the individual operated upon. I afterwards questioned him in regard to his sensations during the extraction, and he assured me that he had not experienced the slightest degree of pain. At this time, the comparative merits of the gas, and of rectified sulphuric ether vapor, were discussed, and I gave it as my opinion that the nitrous oxide gas was the safest, inasmuch as the after effects of this gas are not so unpleasant as those from the ether vapor. I also take this occasion to assert, from my positive knowledge, that the ether vapor was administered soon after this period, and prior to 1845, for the performance of a surgical operation.

E. E. MARCY, M.D."

"Hartford, March 27th, 1847."

"To show that Dr. Morton was only a *nurse*," says Dr. Bigelow, "an instrument of pre-established knowledge—such knowledge must be proved to be pre-established." Hear Dr. Hawley.

"This is to certify, that during the last two or three years I have been familiar with the successful operations of Mr. Horace Wells, and other dentists of this city, in extracting teeth without pain, by the aid of nitrous oxide gas, and he alone was regarded as the author of this discovery.

"Hartford, March 27th, 1847."

G. B. HAWLEY, M.D."

Again, says Dr. B., "Dr. Morton was both the *prime mover* and the immediate agent in the introduction of this discovery to the world."

Hear what Dr. Riggs has to offer:—

"I, John M. Riggs, surgeon-dentist, of the city and county of Hartford, State of Connecticut, in the United States of America, being of lawful age, and duly sworn, do depose and say,—That on or about the 1st of Nov. 1844, I was consulted by Horace Wells, surgeon-dentist, of the city and county as aforesaid, as to the practicability of administering nitrous oxide gas prior to the performance of surgical or dental operations. Thinking favorably of the suggestion, it was decided to make trial of the gas in question; and on the day following, per agreement, the protoxide of nitrogen was administered to Horace Wells aforesaid, at his request, and I extracted one of his superior molar teeth, he manifesting no signs of suffering, and stating that he felt no pain during the operation. Encouraged and gratified with the success of the first experiment, the aforesaid Wells and myself continued to administer to various individuals the said gas, and to extract teeth while under its influence, in the presence of several gentlemen, until fully satisfied of its usefulness and applicability in surgical operations. I furthermore affirm that the said Wells avowed his intention to communicate the discovery to the dental and medical faculty, and in pursuance of that intention, proceeded to the city of Boston, State of Massachusetts, for that purpose; whilst I continued to use the said gas with great success, the patients assuring me they felt no pain.

"Hartford, March, 1847."

JOHN M. RIGGS."

And all this, let it be recollected, two years before the names of Jackson or Morton were heard of in connection with the matter. If there are any individuals who really know where the truth lies in connection with this disputed claim of priority, it must be Drs. Morton and Jackson, who swore in their joint specification for their patent, that they *jointly* made the discovery—and yet each of these gentlemen has repeatedly in the public prints, since that time, denied the claims of the other. Dr. Jackson does not claim an earlier discovery than the latter part of 1846, and even then only suggested to Mr. Morton that ether might answer the purpose; and the first trial of Mr. Morton was on the 30th Sept., 1846; yet Dr. Ellsworth, of Hartford, in his affidavit, proves that Dr. Wells was in the habit of administering nitrous oxide gas, two years earlier, viz., in 1844, and that "many teeth were extracted under its influence."

The "idea," then, and its practical application, belong to Dr. Wells, and to him alone; and it is utterly in vain for Dr. B., Mr. Dana, or any other man, to gainsay it. The facts are proved; are before the world; and whoever attempts to deny them, for the purpose of glorifying any city, school, hospital or State, must expect an indignant protest from a profession ever jealous of the right and claims of its humblest, although deceased, members.

JUSTITIA.

A REJOINDER TO MR. BIGELOW'S CLAIM TO THE FIRST USE OF THE NEW ADHESIVE PLASTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Allow me space for a brief comment on an article in your last Journal from Mr. Bigelow, who still denies but not disproves my claim. I gave, in my last paper, the date when I applied cotton varnish to *surgery*.

I *proved* that it was as early as the 17th of January, 1847. How many days previous to that it may have been, I did not assert, for the declaration of disputants, unsupported by proof, is of no avail in a controversy. Mr. B. has as yet brought *no* proof that he made a *surgical* use of it at *any particular date*.

In a former paper he labored to *detail minutely* various circumstances which made it *impossible* for him to have *commenced* using it as a *varnish* before the 20th of January, 1847. In his last paper he admits his dates were *fictitious* ! By his *present* statement it was on the 13th he was thus engaged. He is welcome to his change of date. The substitution of his present date for his former one *only* shows that he was using it as a *varnish* on the 13th ; while he does *not* prove what date he made a *surgical* use of the varnish, and that is the only point I am contesting. He has as yet brought *no proof* of a *surgical* use of it as early as the 17th of January ; therefore my date and claim stand *anterior* to any he has proved.

“ This most inglorious and unimportant controversy ” remains precisely where it did before his last denial of my claim appeared. I therefore should not deem it incumbent on me to notice his *re-denial*, were it not for a futile attempt to throw a doubt over my statement that “ I was present in Mr. Burnett’s store when his first bottle was made. ” That a bottle of cotton varnish was made there, I knew from the fact that I was present at the time. That his *first* bottle was made there, I supposed from his *written* statements. That it was his *only* bottle, I believed from his *verbal* statement to me, in his brother’s store, that such was the fact. If it was *not* the *only* bottle, it might not have been the *first*. If, on the other hand, it *was* the only bottle he made there, then it necessarily was the *first*, although a clerk in the store pretends I was not there.

The sole extent of the assertion which that clerk could make, honorably to himself and in justice to me, was that he did not *see* me there. Anything beyond that, is a mere gratuity of opinion, proffered through friendship, for Mr. Bigelow’s advantage. In this light it will no doubt be viewed by all unprejudiced persons. It does not alter the fact that I was there, because he did not see me. Being there, he may have seen me, and yet not remembered so trivial a circumstance after the lapse of a year and four months. It is magnifying the importance of this puerile attempt to impeach my veracity, by dwelling thus much upon it. Besides, Mr. Bigelow’s own friends are aware, and have frankly stated, that Mr. Bigelow had admitted to them (before the controversy began), that I *was* present in Mr. Burnett’s store when his first bottle was made ; although one of them, on finding that it would be to Mr. Bigelow’s disadvantage to *repeat* his admission, has resorted to the plea of “ *non mio ricordo*. ”

Mr. Bigelow’s various queries to me, in his last article, are all satisfactorily answered, by my having established the fact that my *surgical* use of it was not only anterior to any *he* has proved, but previous to the period when he *asserts* he gave me any varnish. The main question at issue, and the only one, is, what was the date of our respective *surgical* applications ? not who was first acquainted with its qualities or use as a *varnish*.

One point more. Mr. B. says it is “ injustice to which he cannot submit. ” If there has been any injustice on my part towards him, I am unaware of it. That *he* has been “ *grossly unjust* ” to *me*, in the very first paper he wrote, he has *admitted* to me.

I have no wish to prolong this war of words and waste of time, and

hope never again to have occasion to allude to this insignificant controversy in your pages. It is self-evident we cannot both be right. If Mr. B. without proof, is infallible, he can have applied it but a *few hours* before me. While if, with proof, I am correct, my application of it is but a *few days* prior to his.

Until Mr. Bigelow can prove the day when he made a *surgical* use of the varnish to have been *prior* to the 17th of January, 1847, it will not weaken my position, or strengthen his if he does "forever and distinctly deny my claim."

His closing *friendly* remark that "*he thinks* I have defended my claim from pecuniary motives, is unworthy his pen or my notice.

Dedham, May 11, 1848. JNO. PARKER MAYNARD.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 17, 1848.

Demorphinized Opium.—A new and singular fraud has been attempted by some of the opium merchants of Smyrna. A large quantity of opium was put up at auction last week, in this city, but its quality, happily, was seasonably detected, and the object of the foreign villains therefore defeated. The morphine was completely extracted, we are informed, from the whole mass. The wholesale druggists of Boston, to their honor, have held a meeting, and chosen a committee of vigilant dealers to ferret out the origin of this extraordinary deception, and to adopt measures for preventing a repetition of an infamous scheme to injure the public.

Insane Institutions.—Last week there was a meeting in New York of all the managers of institutions for the insane, through the length and breadth of the land. About thirty delegates are represented to have been present. A similar convocation was held last season. Details of each other's mode of practice, discipline, regimen, and discoveries, would naturally lead to a uniform system of treatment, both medically and morally, from which patients will derive an incalculable benefit.

Life Insurance.—It has been in mind, for some time, to explain to our professional friends, the importance of securing a competency to their families, should they themselves be taken away by death. This may be accomplished by an insurance on one's life. Even students, with only money enough to purchase a policy, may carry themselves through a whole course of study by borrowing on that instrument. And again, physicians should impress those with whom they daily meet, to secure the benefit of this admirably systematized plan of feeding and clothing those who might be left destitute of all means of living, by the death of a parent. It seems hardly necessary, to show the success of the plan, to say more than that offices are constantly on the increase in all the principal cities; but no one of them bids fair to have more active friends in New England, than the American Mutual Life Insurance Company of New Haven, Conn., of which Prof. Silli-

man is president, and of which Oliver Brewster, Esq., corner of State and Washington streets, Boston, is the efficient and gentlemanly agent.

We purpose hereafter to give a detailed account of the manner of conducting examinations, &c., from a conviction that the business is done economically as well as scientifically, that medical gentlemen may be encouraged to get themselves insured, as well as advise their patients to do the same.

Nature and Effects of Chloroform.—A re-print, in a pamphlet form, from the Western Lancet, containing experiments made by a committee of the Edinburgh Medico-Chirurgical Society, together with a fatal case from the effects of using chloroform, which occurred in Cincinnati, is circulating. There are now four great parties having an interest in this matter, viz., the partizans of the two who are claimed to be the original discoverers of ether inhalation; and the friends and potent enemies of chloroform and all other articles for suspending consciousness.

Dr. Gibbons's Valedictory.—The author of this address sustains the chair of the Institutes and Practice of Medicine in the Philadelphia College of Medicine. The address was published by the class. Dr. Gibbons is a wit. Some of his keen sayings are in excellent taste; and he is a philosopher also. We are hardly satisfied in respect to his opinion of mesmerism. If it should hereafter be discovered that he really bows down to Dagon, the clairvoyants will have duped one who deserved a better fate. He is bold for temperance, which would make him a favorite in New England; and he understands the ups and downs in a physician's life so thoroughly, that his advice to students is of sterling value.

Character of Rush.—Such is the title to an introductory lecture by Thos. D. Mitchell, M.D., Prof. of Theory and Practice of Medicine, &c., in the Philadelphia College of Medicine. It is rather flowery at the beginning, but his theme was well chosen, and on the whole, the lineaments of Dr. Rush are well and truly drawn. He was all that Dr. Mitchell claims him to be—a scholar, a philosopher, legislator, and philanthropist, whose writings and oral teachings have exerted a favorable and lasting influence on the medical character of this country. Having been familiar with the biography of Dr. Rush from early life, we have found but little new in the discourse, and the lecturer's conclusions are similar to those of his predecessors in discoursing upon the same profitable topic.

Manuals on the Blood and Urine.—Messrs. Lea & Blanchard, whose names are familiar to ears medical, have sent forth a volume with the above title, which embraces distinct treatises, of much practical value, within one cover, by John Wm. Griffith, M.D., G. Owen Rees, M.D., and Alfred Markaick, M.D., illustrated by lithographic plates, about equal to copper engravings in their distinctness. The reader is impressed with the idea that the subjects of the work are ably handled, and so arranged, that he must be a genius, and a bold, far reaching physiologist, who can add much to this department of study and research. To be had at Ticknor & Co.'s, Washington street, Boston.

Bay State Medical Reform Society.—At Lowell, where the profession stands on a firm foundation, the odds and ends of things in radicalism have organized an association with the above title, for regulating the practice of medicine. Says their preamble—"Whereas we are fully persuaded of the necessity of medical reform, both in science and practice," &c. ; and going on stronger and stronger, it leaks out towards the end, that the same class of people who crave legislative authority for conducting a lobelia institution in another part of the State, are up to their armpits in this movement. It is a mortifying acknowledgment that Massachusetts, distinguished for its intelligence, sustains so many quacks in this department of science.

A Plant that destroys the Taste of Sugar.—Dr. Falconer made a communication to the London Linnæan Society, in December last, covering a letter from the northern part of India, giving an account of a plant found there, which, when chewed, actually destroys the power of the tongue to appreciate the taste of sugar. It is the *gymnema sylvestre* ; nat. ord. *asclepiadeæ*, and goes by the name of Indian plant. Two hours after chewing some of the leaves, the aroma of tea could be appreciated, but the sugar with which it was sweetened could not be detected. The impression remains about twenty-four hours, sugar all the while feeling like sand on the tongue. It is sagely suggested that this may lead to some important physiological discoveries in regard to the organ of taste.

Ventilation of School Houses.—Dr. Clark's report on this subject, to the City Government of Boston, is an admirable production. His reasonings are clear and convincing, and they have produced an influence that will have a beneficial effect on the physical condition of the thousands of children in the public schools of this city.

Annual Meeting of the Massachusetts Medical Society.—This anniversary, which is the most interesting medical convention in New England, occurs on the last Wednesday in May. At 10 o'clock, A.M., the members assemble at the Masonic Temple, Tremont street, for the transaction of business. After the election of Counsellors, and the delivery of a discourse by Dr. L. V. Bell, they will dine together at Faneuil Hall, the renowned cradle of liberty.

Medical Controversy.—More of this has appeared in the Journal of late than has been agreeable to our wishes. We have been willing, as far as lies in our power, and as long as the matter may prove profitable to readers, to gratify the friends of all parties interested in the medical discoveries of the day ; but there is danger of those who are thus interested becoming acrimonious, which, when it occurs, always renders a controversy unprofitable. Two additional articles relative to these discoveries, appear to-day. It is necessary to state that the one on the new adhesive plaster must be the last of this controversy in the Journal. The real matter in dispute is acknowledged by the parties, for both of whom we entertain the kindest feelings, to be trivial, and as they have both been accommodated

about equally with space, neither can complain of the above decision. With regard to the article on etherization, we must say distinctly that we cannot by any means agree with the writer in all that he says. His bold assumption that not a physician in the United States, out of Boston, doubts the full extent of Dr. Wells's claim, is singularly refuted on page 318 of this number of the Journal, by an entirely disinterested and competent witness, who is probably not alone among the physicians of his own State, in the views he has expressed. It is doubtful whether any benefit will result from a further continuance of this dispute, and it is hoped that all parties will consent to let it drop, at least in our pages.

Maine Medical School.—The Medical Lectures at Bowdoin College, Me., have just closed, and the degree of M.D. was conferred on the following gentlemen, viz. :—

Albion Barnard, thesis *Aqua* ; Alexander S. Butler, *Inflammatione* ; Charles D. Fairfield, *Usu Electricitatis* ; Francis E. Hill, *Febre Typhode* ; Josiah Jordan, *Uteri Hydatide* ; Albion W. Knight, *Fungorum Veneno* ; John Ladd, *Febre Typhode* ; Albion K. P. Larrabee, *Absorptione* ; David C. Moorhead, *Medicinæ Progressa* ; John B. G. Morrison, *Entozois* ; Jabez W. Murray, *Lithotomia* ; Albert H. Sanborn, *Cardite Rheumatica* ; John K. Stinchfield, *Dyspepsia* ; Marcus Truiston, *Gastritide Erythematica* ; Francis G. Warren, *Pleuritide* ; Oliver A. Woodbury, *Febre Typhode*.

Remedy for Costiveness.—TO THE EDITOR, &c. Dear Sir,—I write you this note to inform your readers, if they do not already know it, of a simple and easy method of overcoming costiveness. It is a matter of no small importance to be able to relieve nearly one half of the world of an evil fraught with so much suffering, and that, too, in a most easy and natural way. It corrects, most happily, acidity and flatulence of the stomach, and relieves, very much, most of the symptoms attendant on this disease. The only thing to be used to accomplish this, is boiled wheat. It should be taken as a diet in the same way that boiled rice is eaten, with either sugar, molasses or milk, as it best suits the patient. It is quite agreeable to the palate, and patients do not easily get tired of it. Your most ob't serv't,

Boston, May 8, 1848.

JOHN CLOUGH.

MARRIED.—Dr. A. B. Draper, of West Roxbury, Mass., to Mrs. S. H. Reynolds.—Asa Gray, M.D., of Cambridge, Mass., to Miss Loring.

DIED,—In Boston, Dr. Samuel Sawyer, 55.

TO CORRESPONDENTS.—Dr. Shipman's Cases of Injury of the Head, and Dr. Brownell's Case of Foreign Body in the Trachea, have been received.

Report of Deaths in Boston—for the week ending May 13th, 50.—Males, 23—females, 27.—Stillborn, 3. Of consumption, 10—typhus fever, 2—lung fever, 1—scarlet fever, 1—child-bed, 4—infantile, 5—spasms, 1—murdered, 1—disease of the chest, 1—disease of the heart, 1—inflammation of the bowels, 1—inflammation of the lungs, 1—erysipelas, 1—throat distemper, 1—cancer, 2—marasmus, 3—dropsy on the brain, 2—debility, 2—croup, 2—drowned, 2—suicide, 1—dysentery, 1—bronchitis, 1—St. Vitus's dance, 1—smallpox, 1—dropsy 1.

Under 5 years, 13—between 5 and 20 years, 11—between 20 and 40 years, 19—between 40 and 60 years, 4—over 60 years, 3.

Medical Miscellany—The smallpox has been introduced into Philadelphia by the steerage passengers of the Rappahannoc, and the Board of Health has commenced proceedings against the captain and owners.—In England the consumption of coffee is one pound, thirteen and three fourths of an ounce per head, per annum. In this country seven pounds and a half. In England tea is used at the rate of one pound, ten ounces, but here only three fourths of a pound per head.—Dr. Mitchusson, of Shelby Co., Ky., is accused of attempting to poison the husband of a patient, and has absconded—the officers being in pursuit of him —A boy in Paris, hearing the National Guard cry “hurrah for reform,” shouted “hurrah for chloroform,” which made a hearty laugh.—An English physician has fled from Campeachy, and abandoned property to the amount of \$40,000 or \$50,000, in consequence of the insurrection by the Indians.—The smallpox has made its appearance in Dover, N. H.—Mr. Reynolds said in the House of Commons, on the 11th of April, that one million of human beings had starved to death in Ireland within eighteen months —Lola Montez is an enthusiastic partizan of the homœopathists, and has induced the king of Bavaria to grant 4000 florins a year to the homœopathic hospital of Munich.—A letter from Dr. Valentine Mott, Jr., whose exploits in Sicily have been celebrated, says he had just received his diploma as Surgeon-in-chief to the army, with rank of major, as well as director and inspector-general of the hospitals, with a salary of \$1500. The doctors had given him a public dinner, and the officers a sword. “I have gained,” he adds, “the good will of all, and shall endeavor to keep it, even if I have to use the utmost of my Yankee ingenuity.”

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THE attention of the Medical Profession is respectfully directed to this instrument, which is an important improvement over all other forms of manufacture. It is perfectly simple in construction, and therefore not liable to get out of order, as is the case with all other instruments of the kind. It admits of perfect control, and can be *Graduated* to any power; adapted for an infant, or sufficient for the strongest adult, at the pleasure of the operator. The magnetic force is imparted in a continuous manner, and with no unpleasant sensation to the most delicate patient. In a few words, it is believed to be the most beautiful and effective Magnetic Machine that has yet been offered, and no pains have been spared to make it worthy the countenance and use of the intelligent physicians of the United States.

There can be no question, that in many serious and prevalent complaints, Electro-Magnetism is of great value, and there is scarcely a medical journal either in this country or in Europe, that makes its appearance, without the statement of various cases, showing some new effect of this mysterious agent, or corroborating previous experience of its beneficial use. It is, therefore, not strange that the demand for these instruments has so rapidly increased, and it is to give the scientific practitioner an article on which he may depend, which is neat, portable and convenient, that the GRADUATED MAGNETIC MACHINE is thus offered. As an evidence of the superiority of these Machines, reference can be made to several of the most distinguished among the Profession, who have used them in a great variety of diseases, with the most surprising success.

Many of the cures performed by this instrument, are truly wonderful; some of them in diseases of the most serious character known to the medical profession. Among others, may be mentioned Scrofula, Dropsy, Erysipelas, Ascites, Deafness, Curvature of the Spine, Tic Douloureux, Acute and Chronic Rheumatism, Paralysis, Epileptic Fits, Headache, and particularly all diseases which may be referred to the nervous system.

Each machine is compactly arranged with the Battery and all necessary appliances, put up in neat rose-wood cases, accompanied with a Manual containing full directions for its efficient use and application.

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Feb. 9, 1848.—eoply

IMPROVED UTERO-ABDOMINAL SUPPORTERS.

THE subscriber would inform medical gentlemen that he continues to manufacture his *improved* “CHAPIN'S Abdominal Supporters,” and they can be furnished with this instrument (which has been found so useful in cases of procidentia and prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani, &c.), viz. from \$2,50 to \$6,00, according to quality. Perineum straps, necessary in some cases (extra), at 50 cts. to 75 cents. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility: — Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The Supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, (post-paid) to A. F. BARTLETT,

No. 221 Washington st., Boston, op. Med. Journ. Office.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & James C. Ayer, Lowell; William P. S. Caldwell, New Bedford; Bagg & Co., Cabotville; in Maine, Joshua Durgin & Co., Portland. G. W. Ladd and Aaron Young & Co., Bangor, Eben Fuller, Augusta, Wm. Dyer, Waterville; J. Balch, Jr., Providence, R. I.; Andrew Truax, Schenectady, N. Y.

Jan. 1—Jan.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, MAY 24, 1848.

No. 17.

FOREIGN BODY IN THE TRACHEA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you a few notes of a case, hoping it will be of some little service to your readers, since it may assist to establish the practice recommended by a very distinguished surgeon (J. Mason Warren) in a communication in the 20th number of the Journal for 1847.

On the 9th day of October last, I, with another member of the profession, was summoned by one of the coroners of Steuben Co., N. Y., to examine the body of a child who had died rather suddenly, which so much astonished some of the neighbors that they feared some indiscretion had been practised by the people with whom the child had lived—they not being its parents. When we arrived at the house where the body was, the lady who had the care of it gave us the following history. She said the child was about 5 years old; that two days before, about 9 o'clock in the morning, while playing with some garden beans on the floor, it suddenly cried out and showed symptoms of being choked, but soon got better and returned to play, though it said it had swallowed a bean. The child appeared well until about noon, when it was again attacked with a spasmodic choking, which was quite severe and lasted several minutes. The child again recovered, however, and after partaking of some food, returned to play, but complained a little now and then of feeling the bean choke it, yet appeared so well that the people with whom it lived indulged the hope that the accident would not prove very serious. About 4 o'clock it was again attacked with spasmodic breathing, struggling violently to breathe, but could not, and died within two minutes of this last attack.

Autopsy.—The trachea was laid open its entire length, and appeared healthy, except the part occupied by the bean, which was found about twelve lines above the bifurcation, completely filling the calibre of the trachea so that it did not appear possible for a particle of air to get to or from the lungs. The mucous membrane of the trachea around the bean was slightly tumefied and inflamed.

Among the considerations, then, that should influence the surgeon to operate for foreign bodies in the trachea, are its situation, size and con-

sistence, and especially whether it be liable to enlarge from warmth and moisture.

SEELY BROWNELL.

Bath, N. Y., May 8th, 1848.

DR. WILLIAMS'S MEDICAL LECTURE.

[Concluded from page 320.]

GENERAL intelligence is the only adequate remedy in our power for *quackery* in all its multiplied forms. At present, however, if an individual chooses to be a knave and prosecute his business successfully, he has only to style himself a doctor, or even a manufacturer of "patent medicines," and he is hailed as a *prodigy* in medicine, a benefactor of mankind! Upon this subject the community is grossly abused and deceived; you will therefore pardon me for presenting it in its true light on this occasion. I say, therefore, if there are those in society who more especially subsist by fraud, who "reap where they have not sown, and gather where they have not strewn," they are the venders of "patent medicines." There can be no doubt that, in general, the individual who purchases these medicines, gets more real value in the box or bottle which contains them, than in the medicine itself. In the language of Dr. Franklin, "he pays too dear for his whistle." One man who resides in this village, and who is a *poor* man, informed me that during the last summer he paid out eight dollars for patent medicines, and without the least benefit. From the false and dishonest pretensions in regard to them, he anticipated a speedy cure; but the only certainty which he realized was, that he had been deceived, and his money fraudulently drawn from his pocket. Herrick had his mind, perhaps, on this subject, when writing the following lines:—

"So when the gilded baits of vice
Are placed before our longing eyes,
With greedy haste we snatch our fill,
And swallow down the latent ill;
But when experience opes our eyes,
Away the fancied pleasure flies;
It flies; but, oh, too late we find,
It leaves a real sting behind."

I do not say that all "patent medicines" are an imposition upon the public, or that they are invariably prepared by those who know nothing of their scientific preparation. In nine cases out of ten, however, this is the case; and in the tenth, there is danger of its being so. This is apparent when we consider, that they are almost invariably prepared by stunted clergymen, small druggists, or broken-down Thomsonian doctors. Seldom, indeed, have regular physicians resorted to such disreputable means for a livelihood; and to their honor be it spoken. And who, I ask, is competent to prepare medicines for those they have never seen, and for diseases which they have not personally investigated, if regular practitioners are not? And certainly they are not, for the very simple reason, that no one remedy will produce the same effect on different individuals, in consequence of the various and even opposite circumstances

which exist. Hence a "patent medicine" is not certain in its results, but is at best a random shot, which may either kill the patient or relieve the disease. But "by their fruits ye shall know them." And I will therefore submit one or two cases of their effects, which have fallen under my own observation.

A little girl was unwell for several days, and the parents were of the opinion, that her illness was occasioned by worms. A bottle of Fahnestock's vermifuge was accordingly obtained, a portion of which was given, and the removal of a few worms followed. Immediately afterwards an inflammation of the bowels set in, of which she died in about forty-eight hours. In another case, where the same remedy had been used, convulsions were produced, which continued several days, and seriously threatened a fatal termination. In another instance the citron ointment was used for an eruption of the face. The eruption was soon removed, but scarcely had the disease disappeared before epileptic fits ensued, imminently threatening the life of the little sufferer for about ten days, when the eruption of the face again appeared and the fits subsided. And thus it is with all medicines of whose constituents we are ignorant; they may possibly perform an occasional cure; and there is also danger of their aggravating the disease, or even substituting a more dangerous one in its stead. Those who use secret remedies, which is the character of patent medicines, must run some risk, and in the end will find, if they have not used them for weal, they have for wo.

You may think physicians *interested*, when they make remarks like these; but they are less so than the community in general, for the reason that there is no danger of our being duped in matters of this character; and besides, the services of a physician are frequently required in consequence of the mischievous effects of these mis-named patent medicines. It is not in behalf of the medical faculty, but society in general, that I complain. I would say, however, that justice and equality demand, that you should require the same of those who vend these nostrums, as you do of medical men. If you have a right to know what medicine you take from the hands of a physician, and how it will operate, then you have a right to inquire into the nature and composition of these *wonderful* medicines, which perform such *wonderful* cures, and for such a *wonderful* small price. All I ask in this matter is, that it may be brought to light, together with everything else pertaining to the medical profession. I choose not "darkness, or the works of darkness"; but that we may all "come to the light, that our deeds may be manifest." And in this physicians are *interested*, for nothing would so much contribute to a general and implicit confidence in the true principles of practical medicine as this. Physicians generally, I believe, are anxious that all should investigate and understand. At least, so I preach and so I believe. As far as my observation extends, those who have the most confidence in the physician and follow the most strictly his directions, are those who are the most noted for good sense and literary and scientific attainments. Why, then, should medical men wish to conceal their system and perpetuate the gross ignorance of the public mind in relation

to it? For one, I will advocate no sentiment, cherish no doctrine, practise no system, which will not at all times bear the test of candid and thorough investigation.

Let us, then, inquire, in short, what are the fundamental principles of the medical profession? In the first place, it may be observed, that practical medicine is both general and special in its details. It is to diseases, what the constitution of the United States and the laws of Congress are to the inhabitants of the several States. The former is general, whilst the latter are local in their provisions. And thus it is in the science of medicine; there are certain general principles applicable to all diseases, and there are also special remedies for the treatment of each particular disease. But in order to be systematic and intelligible, it will be necessary to make the following classification of diseases, viz.:—Fevers, Inflammations, and Nervous Diseases. This arrangement will comprehend all *simple* diseases, however diversified their characters and symptoms may be. In this vicinity, inflammatory affections are the most frequent; fevers come next in order; and, lastly, those of a nervous character. The question then occurs, on what principles are these various classes of diseases treated, by what are styled “regular physicians.” I answer, if one individual is attacked with fever, and another with some inflammatory disease, there being a similarity in their nature, we practise the *depleting* system. That is, we reduce the corporeal strength in proportion to the intensity of the disease, and the age, habits, and other circumstances of the patient. We do not go to work to increase or even to preserve the physical powers, or, as some would say, to prevent the patient from “running down.” On the contrary, the course pursued is calculated to produce this very effect. Let it be understood, then, that in treating fevers and inflammatory diseases we adopt the reducing or depleting system. What! exclaims an individual, would you wish to reduce your patient when his strength is already below the natural standard? Most certainly, Sir. Not as an end, however, but as a means for the removal of disease. And this we do for the reason, that physical strength is an impediment to its favorable progress and safe termination. Experience teaches us that persons of a plethoric habit, and those of great corporeal strength and energy, are more liable to inflammatory disorders and acute fevers, than those of a spare habit. And not only so, but that the *former* are likewise in more danger of an unfavorable termination of the same disease than the *latter*. These facts are indisputable, and they teach us a lesson in the treatment of certain diseases, of more value than all the theories in the world which disregard their importance. They are the strongest indications in favor of depletion, so far as acute diseases, whether fevers or inflammations, are concerned. Nor is this all. Who does not know, that diseases of the foregoing character are more intense at their commencement, than towards their close, and that the patient loses his disease in the same proportion that he loses his strength; and *vice versa*? The truth is, corporeal strength and disease often go hand in hand; and it is only necessary to diminish the former to produce a favorable effect upon the latter. This, when viewed as an abstract

principle, may to superficial observers appear as an erroneous conclusion. But when they visit the bed-side of the sick, witness the progress of the disease, and watch the operation of medicines, they must deny the evidence of their own senses, or admit the correctness of the foregoing assertions.

Such are some of the considerations upon which the depleting system is predicated; and to my mind they are conclusive; although it may be proper to add, that experience has also taught us, that stimulating and strengthening medicines tend to aggravate the disease, be it fever or inflammation. Of the truth of this last remark, not only physicians, but nurses and all who have any knowledge of the sick room, are aware. Do not, then, my friends, when you experience an attack of pleurisy, or of inflammation of the lungs, brain, bowels, &c., be alarmed should your physician inform you that it will be necessary to deplete. This object is effected in a variety of ways. Bleeding, emetics, cathartics and perspirative remedies, are its ordinary means. Of these it may be said, that they not only serve to deplete the system, but to expel or throw out of it any poisonous substance which may have resulted from disease, or which served to produce it. Even our homœopathic brethren occasionally are obliged to lay aside their principle of "*similia similibus curantur*," and resort to the emetics and cathartics of the old school—thus sanctioning no small share of the regular practice, and at the same time acknowledging the incompetency of their own. Not only experience, but the plainest dictates of common sense, sanction the use of emetics and cathartics.

Aside from the foregoing classification of remedies, there are others of no less importance in many cases, though not of the same common and general use. Tonics, diuretics, &c., are some of them; all of which come into requisition at times, and under various circumstances. Besides these general properties of medicines, each possesses some *peculiar* physical, chemical or medicinal property, the last of which renders them peculiarly beneficial when administered under certain circumstances. Thus calomel, although a cathartic, has a peculiar effect upon the liver, the glands of the mouth, &c. Cream of tartar is also a cathartic, but exercises a *peculiar* influence over the urinary organs. Rhubarb is more especially a cathartic, but is peculiar for the tonic or strengthening property which it possesses. And thus it is with every other medicine, there being no two of them which are in all respects precisely alike. These general and peculiar properties of medicinal substances, are a wise provision of providence, designed to meet the exigencies of disease under the great variety of character which it presents. The subject also shows that there is a divine recognition of medical science, inasmuch as there is an appropriate relation of "means to their ends," and that when properly understood, the science of medicine is the interpretation of natural laws relative to diseases.

Thus much in regard to medicines generally; and I now pass to a few observations on the subject of bloodletting, as there is some prejudice in the community against the practice. I will say, then, that we gene-

rally bleed for the purpose of depleting the system and of bringing it to a state *less* favorable to fever or inflammation, than it is prior to the operation. Other remedies will frequently produce the same effect, if time can be allowed for their operation. But where this cannot be done, the most direct and effectual remedy in our power is bloodletting. This will accomplish at once, what other means would require hours to perform. Look, for a moment, at the nature of the malady, and the correctness of the assertion is obvious. In cases of local inflammation of the brain, for instance, there is a special determination of blood to the part. the bloodvessels are distended beyond their ordinary limits, and the flow of blood through this delicate organ is materially increased. If, under these circumstances, blood be drawn from the arm, the quantity in the system is to some extent reduced ; and, as a natural consequence, there is a diminution of the quantity flowing to the brain. This at once relieves the pressure to which the organ has been subjected, and enables the bloodvessels to contract themselves and perform their wonted labor with increased ease and safety. And not only this, but the commotion, the agitation, and the hurried state of the general circulation, are sensibly and greatly relieved. Hence, by this solitary operation we accomplish a multiplicity of objects necessary to the removal of the disease. 1st, we abate the excitement of the system in general ; 2d, we reduce the quantity of blood flowing to the brain ; 3d, we unload the bloodvessels of the brain of their superfluous contents, and thus contribute much to the restoration of the organ to its healthful condition. These are our reasons for bloodletting, in this disease, and our views of its operation generally ; and not, as some suppose, because there is too much blood in the system. Judge ye, whether they are philosophical or not. What has been said of its necessity and advantages in inflammation of the brain, is equally true of it in most cases of acute local inflammation of other organs. Like every other powerful remedy, it should be prescribed cautiously, although there are cases where its use cannot safely be dispensed with, the declaration of Dr. Thomson to the contrary notwithstanding.

Calomel, also, is a medicine against which some prejudice exists. But still there are cases in which it answers a better purpose than any other known remedy. These cases, however, are not common ; and, for one, I am glad to see the wholesale use of this article dispensed with. Not by any means for the reason, that it is guilty of one quarter of the bad effects which the lobelia and pepper advocates have imputed to it. It will not be disputed, however, that bad effects have sometimes followed the use of calomel. This has been the case with all active remedies, capsicum and lobelia not excepted. And, indeed, a medicine which is not capable of any deleterious consequences, is not capable of doing any good ; although it is sometimes said of medicines, “if they don’t do any good, they won’t do any hurt.” As much as to say, *if the patient gets better, the medicine has had a good effect, and I’ll take the credit of it ; if he dies, it has had no effect, and you can’t blame me any way.* This is a species of chicanery quite common among some classes of practitioners, and is too absurd to require any argument for its exposure. But

to return. The bad effects of calomel should not invariably be imputed to the medicine itself. Physicians, nurses, and frequently patients themselves, have occasionally been to blame for its mischievous consequences ; consequences, too, which would not have followed the necessary, prudent and appropriate use of it. On the other hand, it is unwise to raise the objection, that it is a “ mineral,” unless it be shown, in the first place, that *minerals* are objectionable, which has not and probably never will be done. What are soda, sulphur, potash, common salt, &c., but *minerals* ? Or to what are we to impute the many thousand cures of Saratoga and other waters, if not to the *minerals* which they contain ? Such are the extremes into which individuals have fallen, relative to the use of this article, all of which ought studiously to be avoided. Give us a better article in all respects, and we will no longer use the one under consideration ; but till this is done, my maxim will be, use it when we must, and avoid it when we can—a rule from which the faculty in general ought not to depart.

The third and last class of diseases to be noticed, is that of nervous affections. Diseases of this character are such as originate in the nervous system, and do not admit of those qualities which pertain to fevers and inflammatory disorders. In short, they are diseases more especially of *irritation*, and are generally confined to a limited portion of the nervous system. Suffice it to say, that the equilibrium of the nervous sensibility has been destroyed, and, as a natural consequence, there is increased or diminished irritability of the whole, or some particular part of the nervous system. Palsy, St. Vitus's dance, epilepsy, &c., are diseases of this nature. In these cases, as well as all others, the original cause must be removed, and not unfrequently the consequences will immediately cease. Hence, if it be worms, remove them ; if mechanical pressure, relieve that ; or if it be some poison contained in the system, that also must be expelled. Should the original cause be wanting, or should its removal not result in the cure of the disease, then other means will of necessity be brought into requisition. And these should be of a character calculated to remove the direct cause of the disease, or, in other words, to restore the equilibrium of the nervous sensibility. To this end, we have recourse to a great variety of remedies, determining the best one for each particular case, by its peculiar properties and the circumstances under which it is to be used. As a general rule, if the sensibility be *increased*, we resort to palliative and soothing remedies ; if it be *diminished*, we rely upon stimulating medicines with a view to its restoration. Blisters, setons, stimulating liniments, frictions, electricity, fomentations, anodyne applications, the cold and warm bath, &c. &c., are the means by which each of these objects is to be attained.

Such is a general view of the manner in which nervous diseases are to be treated, in addition to those of an inflammatory and febrile character. At least such is the manner of their treatment by “regular physicians,” and it is for you to say whether there is reason and philosophy in their system or not. To me, at least, there seems as much as theories in general are possessed of, and far more than in any other

system of medicine which has ever been invented. And this I say, not without some knowledge of all the different systems, and their *boasting* pretensions, with which our own is assailed. The truth is, these have ever been springing into being, and perhaps always will be; and though their advocates have *boasted largely* of their advantages over the old system, yet the community have always soon learned the imposition which had been practised, and have returned with renewed confidence to that system, which though it performed more, had the modesty to promise less. These have been, towards the regular system, what the eddies are, in our own beautiful Oswego, to the stream itself. You watch their operations for a moment, and they appear to circle round and round, gathering additional force at every revolution, till you are almost led to suppose that the entire stream will soon be involved; but at length the tendency of the current prevails, they cease their sports, and are borne off by the onward, still onward, majestic river.

But still, we of the "old school" have nothing whereof we may boast, conscious as we are of the inadequacy of even our own system to meet the numerous wants of suffering humanity. But if individuals would increase our abilities for staying the ravages of disease; if they would prevent their fellows from falling prematurely on the right hand and on the left; if they would raise the confidence of society in the healing art, let them learn that *man* is a subject of organic laws, the constant violation of which has bid defiance to the best energies and most exalted purposes of our humane art. Here is a work which no system of medicine under heaven can perform; and the consequences of which we should charge home upon the wicked and pernicious customs of society, rather than the imperfections of medical knowledge. If, then, fellow citizens, you are frequently called to part with friends, and to give them over to a premature dissolution, I caution you, in the name of justice, to beware how you endeavor to throw the responsibility upon the attending physician, be he whom or what he may. Ere this, yours is the duty to retrace the steps you have taken, to banish the artificial customs of society, and to conform to the laws of your physical constitution. In short, to "live soberly, righteously and godly in this present world." And as the guardians of your health and lives, ours is the duty to consecrate our talents to medical science, to appreciate and exalt its merits, to study and improve its principles, and to cultivate a religious sense of the obligations we are under to you and our fellow beings throughout the world.

SUDDEN DEATH FROM FRACTURE OF THE VERTEBRA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The sudden death of a lad aged 14 years, who fell in attempting to get from a pew into the aisle of a meeting-house, near my residence, brought to mind the case which occurred to Mr. Abernethy, at

St. Bartholomew's Hospital, some years past. This lad, who fell here, son of Mr. Tracy, struck on the angle of the socket of the left eye. The contusion was slight in external appearance ; but death was instantaneous, he showing no sign of life after the fall, but one single gasp !

The case which occurred at St. Bartholomew's, was related in the London Metropolitan, and never, that I know of, has appeared in any medical journal. The relater says :—" A *drunken* coal-heaver fell from a waggon, going up Ludgate Hill. He was covered with mud, and appeared to be hurt. I and two others laid him upon a shutter, and took him to St. Bartholomew's Hospital. He was stripped, and the surgeon examined him, but no injury could be discovered ; still he could not rise up in bed. Mr. Abernethy happened to come in shortly afterwards, when the case was shown to him, but he could make nothing of it. 'Let him,' said that great surgeon, 'be washed thoroughly clean, and send for a barber and have that beard taken off, which appears to be of a month's growth.' About an hour after this, as I was relating to the surgeon how he fell from the waggon, a message was brought that the man had instantaneously, while he was undergoing the operation of shaving, given up the ghost. We all immediately repaired to the spot, where lay the man, half shaven and quite dead. The barber said he appeared to be well, and was talking to him one instant, and the next was a dead man. 'I had hold of him,' said he, 'by the nose, and did but turn his head very gently to use the razor, when he, without breathing or a sigh, went off.'

"Abernethy turned to the young students, and told them this was a case for study, saying, 'there was a cause for the man's death ; and that the following morning he would open the body and find it out.' 'But,' added he, 'think of the case, and before I make the examination, tell me in the morning, each of you, your opinion, what it is that has so suddenly deprived him of his life.'" One of the students said, 'I think a vertebral bone is fractured, and that as the barber turned his head to shave him, a splinter penetrated the spinal cord.' 'You have it,' cried Abernethy, 'turn him up, and we will see.' They immediately cut down the back, and discovered a small piece of fractured bone, not bigger than half a pin, which had penetrated the spine ; then taking the corpse by the nose, they observed, as they turned the head one way, the splinter came out, and as they turned it the contrary, it entered the vital cord. The problem of his death was at once solved, and I learnt how little it took to stop the great machine of *life in man*."

Thus far the relator of this case, to which I may add, in conclusion, the following

Remarks.—The reason that Mr. Abernethy could make nothing of the case, when he first saw the man alive, after the accident, may have been that fractures of the neck of the thigh bone may so disable a patient, that he, like the coal-heaver in this case, could not rise up in bed. The tact and talent of Mr. Abernethy's student, in pointing out the cause of the instant death of the man, when the barber turned his head, by taking hold of his nose to shave him, has ever, when I have

thought of this case, struck me with admiration. The case appears not to have been related by a medical man; hence the vertebra which was fractured is not designated. But we should at once infer that it could be no other than one of the cervical. And this was probably the cause of the instant death of the son of Mr. Tracy.

Yours, dear sir, very truly,

Lebanon, Ct., May, 1848.

JOSEPH COMSTOCK, M.D.

P. S.—There is a case related in which a negro man fractured the fourth and fifth cervical vertebræ, who lived thirty-three hours; but never secreted any urine after the accident. The catheter was frequently introduced, and not a drop drawn.

COLLAPSE OF THE RIGHT LUNG.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Agreeably to your request, I give you the following brief statement. In 1824, I was residing in the interior of the State of New York. I had labored under a chronic affection of the liver for a number of years. July 5th, in consequence of a slight hurt and taking cold, I was seized with a violent inflammation of the liver, which extended to the right lobe of the lungs. After two or three days I resorted to medical aid, and was bled copiously three days in succession. The inflammation was in a measure arrested, but the disease progressed, a strong sense of suffocation was felt in the lungs, especially on lying down, or rising up, accompanied with much pain in the side. In October an abscess was formed under the point of the lower ribs, which, dissolving the cartilage, dropped the lower rib, and broke the ulcer into the cavity of the abdomen. It was then found that the right lung had ceased to act, the ribs were curved in, presenting an acute angle on the side, instead of the regular curve. The right breast became very small, and the right shoulder much lower than the other. Great prostration attended this process; my frame was very much emaciated, and dissolution was looked for by my friends and physicians as the only possible result. The fact that the matter of the abscess had no discharge was considered very unfavorable. The matter was, however, probably taken up by absorption, and circulating through the system found egress in external sores. After the lapse of a year, I began gradually to amend. I should perhaps state, that during the whole process of my disease (with the exception of the three days when I was bled profusely), I was on my feet more or less every day, though I was so weak as to be unable to get off the bed alone. If it be asked what contributed most to my restoration, I answer, *free mountain air and abundant exercise*. I made use of little medicine of any kind. During ten or twelve years I was gradually gaining, and for the last ten years, though weak and very short for breath, I have enjoyed comfortable health. The left lung is very much expanded, and I seem to have a voice of ordinary strength.

I should have added to the causes of my restoration, a buoyant hope, which never allowed me to sink down in despair. The tendency of my mind is to look on the bright side of things, and hope for the best. If this structure of mind is productive of some evils, it also has its value.

Yours respectfully,

Boston, April 25, 1848.

WM. SHERWIN.

[Having examined Mr. Sherwin, the writer of the foregoing communication, a gentleman of high respectability and integrity, and a member of the Legislature of Massachusetts, we believe that he has presented a very accurate description of his case. There has been a striking change in the external condition of the chest on the right side. The ribs appear to have fallen in, so as to diminish the size materially. A curvature of the spine exists, and one shoulder is elevated above the level of the other. Percussion shows clearly, aside from other physical evidences, that the cavity is without a lung. The whole of the left side of the thorax is uncommonly large—and Mr. Sherwin fully believes that its capacity has been increased since the loss of respiration in the right cavity. Mr. S. has good health, though he is by no means robust or calculated for enduring laborious pursuits. A kind of asthmatic breathing, after sudden muscular efforts, as in walking quickly, &c., warns him of the necessity of watching himself with considerable care.

In this age of boldness in surgery, it is surprising that puncturing the thorax has not been undertaken, with a view of collapsing an ulcerated lung. Nature certainly makes large openings into that region, as in the instance now cited, and recoveries follow. A current theory is, that if a diseased lung could be at rest—the function of respiration being carried on by the sound one—a restoration to health would be possible, even in advanced phthisis. This remains to be proved. From the first promulgation of the proposition, we have been hoping that the question would be determined by actual experiment, which would be justifiable in cases where death must inevitably result from the progress of ulceration.—ED.]

EXTERNAL USE OF CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following notice meet your approbation, and you should deem it worthy of a place in the pages of your valuable Journal, you are at liberty to make it public.

The discovery of chloroform, and its secondary effects upon the human system, so far as they have been ascertained, has manifestly awakened, on the part of the profession in this country, and in Europe, most ardent and laudable efforts to become acquainted with the fullest extent of its potency, and the whole *rationale* of its action, both as an anæsthetic and therapeutical agent. I take it for granted, therefore, that making known to the medical public any novel symptoms—the

effects of this most wonderful substance—which may fall under the observation of those using it, will tend, in a measure, to accomplish the object desired.

On the 15th of March last, while at the house of a patient of mine, Mr. P., a hale, robust young man, came in to see me, for the purpose of having me “examine his leg,” in which he manifested great lameness when attempting locomotion, and in which he had suffered “severe and incessant pain for the last forty-eight hours.” About the centre of the gastrocnemius muscle, superficially, of the left leg, was the region to which he referred the seat of pain. He could attribute the difficulty to no known cause.

Upon examining the limb I was unable to discover any indications of disease, but concluding the affection to be of a rheumatic nature, I resolved to try the virtue of chloroform externally—having seen a notice of its favorable results under similar circumstances. Accordingly, I at first applied about half a drachm with some degree of friction on the part, and continued the use of it thus, a few minutes, with short intervals after each application, watching narrowly for any visible effect it might produce. He at length complained of nausea, and spoke of experiencing a strange sensation, a peculiar “combination of coldness and numbness,” in the part, and subsequently extending over the whole system. I observed his countenance had become pale, he was stupid, the pulse was retarded in its action and augmented in volume; in short, there were present *all* those phenomena *usually resulting from ordinary inhalation of the article*. He was placed upon a bed. Having lain there a short time, he arose and walked about the room with perfect ease. He said he was entirely free from pain, and thus he has remained up to the present time. E. E.

N. Andover, May 16, 1848.

PATHOLOGY OF THE BLOOD IN INEBRIATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have been requested by some of my medical friends in Boston, to collect the facts relating to the state of blood taken from an inebriate in South Berwick, Me., and transmit them to your Journal.

It is well known to the members of the medical profession, that liquids, and even mineral and vegetable substances, taken into the stomach, are shortly found in different parts of the system. Madder, for instance, when internally administered, imparts a like color to the milk and urine, and to the bones of animals, without materially affecting the healthy action of any tissue, or sensibly deranging the constituent parts of the solids or fluids, unless too long persevered in. Like results, varying according to the qualities of the fluid, are found whenever any fluid is taken into the stomach capable of absorption. But there are very few known cases in which so much alcohol has been absorbed into the system as to change the chemical qualities of the blood, or so modify it, that its

watery proportions should give place to the fluid which has been immoderately indulged in. The case which we shall now briefly refer to, plainly shows that such may be the fact.

A Mr. Thompson, aged 35 years, had long been subject to fits of intoxication, and was daily accustomed to the demands of a ruling passion. For five days previous to the examination of the blood, he had been in a beastly state of inebriation; and indeed it was found, upon inquiry, that he had drank in that time *two gallons* of "West India rum." At the expiration of the fifth day he went to Dr. J. C. Hanson, complaining of the usual symptoms of drunkenness, and wishing medical aid. Dr. H., seeing that he did not require any active medical treatment, but rather the *expectant* plan, concluded to deplete him a very little for an experiment. The blood was forthwith drawn; and it was found destitute, in a measure, of its watery elements—alcohol having been substituted therefor. Immediately a lighted taper was applied to it, and it began to burn with a flame similar to that of alcohol. This produced such an effect upon the inebriate, that he refrained from his intemperate habits, and afterwards became a more sober man.

The fact that the blood did burn, can be substantiated by the testimony of Drs. Jewett and Hanson, and other respectable citizens of South Berwick, who were eye-witnesses at the time the blood was drawn, and saw the experiment tried.

Yours, &c.

Dover, N. H., May 15, 1848.

T. J. W. PRAY, M.D.

HOBBIES—THE BOSTON MEDICAL AND SURGICAL JOURNAL—SUCCESSFUL USE OF ETHER IN NEURALGIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE medical world, as well as all the rest of mankind, is too much disposed to move on hobbies. Whenever a new one is presented to the notice of the profession, not a few of its members are inclined to leap upon its back and take a short ride, however unseemly may be its aspect, or uncomfortable its gait; and though the movement may be altogether a painful one, and the termination disastrous, they assume the old adage, "Neck or nothing" and mount the next new hobby that may be introduced as readily as if complete success had attended all their previous efforts. This propensity for hobbies is more conspicuously to be noticed in the conduct of the medical faculty, for about forty years past, than at any former period of a given length in modern times. This may be accounted for, perhaps, by the oft-repeated discoveries in that time of "New Remedies," and the great improvement that has been made in the preparation, combination, *concentration*, and application of old ones. The subject on which I took up my pen to write on the present occasion, is etherization—being fully aware that, *as a hobby*, its powers of locomotion are already nearly exhausted, and it is about to be turned aside to make way for some of its legitimate progeny, in the shape of chloroform, ethereal solution of gun-cotton, and the Lord knows what.

I have enjoyed the privilege of reading the contents of the Boston Medical and Surgical Journal, for many years, and have been greatly amused, interested and instructed in the perusal of the great variety of interesting and useful matter therein contained. Its being published in weekly sheets, thereby giving opportunity for criticism, explanation and debate, is not among the least of its advantages and its recommendations. I have the volumes bound in such numbers as to form a very conspicuous item in my medical library, and when favored with a leisure hour, I cannot spend it in reading any book or periodical more pleasantly, than by taking a volume of the Journal, and tracing, from number to number, some interesting controverted topic therein contained, each of which constituted a popular hobby at the period of its publication. No matter how much a desire of notoriety or literary fame actuated the various contributors to its pages, so long as the matter is good and calculated to benefit the cause of medical science.

As an anæsthetic agent, the character of ether is sufficiently established, and needs no additional support from such a pen as mine; and I should never have troubled the readers of the Journal with any remarks of my own on the subject, had I not observed one peculiar effect from inhaling the ethereal gas, that I had not seen noted by any other writer—and that is, a diuretic effect. The case in which it was used needs, perhaps, a few passing remarks by way of history, as it has hitherto been found difficult to fix upon it a definite or pathological name. It has been of eighteen years' standing, and was at the first supposed to be calculus in the right kidney, and exhibited all the usual symptoms of passing to the bladder, where, for five years, the opinion existed that it remained, and, of course, was augmenting in size, &c. Much pain was endured during that time, and subsequently, at the neck of the bladder, and shooting pains along the urethra, inability to stand erect or walk, or to rest on the back or left side without causing great pain. Repeated soundings were resorted to, but no stone discovered, and an examination of the prostate gland could not discover that to be diseased; and the case was treated for a number of years, with some degree of relief, with uva ursi, soda water, colchicum, carb. of soda, and a host of other remedies from the catalogue of diuretics, the half of which cannot be recollected, if, indeed, it were necessary. For about ten years past, it has observed a pretty uniform shape, being confined to an insupportable pain at the lower termination of the right ureter, attacking in paroxysms, being generally induced by walking, sitting in a leaning-forward position, riding in a carriage over a rough road, the patient being obliged to relinquish the saddle altogether. These attacks had become very frequent, occurring sometimes from twice to thrice a week, and the pain was insupportable, so that life itself had become a burden, and would willingly have been relinquished by the patient at any time, with the hope of getting clear of the pain. Narcotics, fomentations, and the warm bath, were the efficient means resorted to in these distressing attacks. Opium, in the varied forms of laudanum, black drop, morphine; hyoscyamus, belladonna, stramonium, &c., were liberally used both by the mouth and

as suppositories, and these in such quantities before relief was obtained, that the system was left in a state of exhaustion, and nausea and vomiting were the consequence for a great part of the day following. The time occupied by the diligent use of these remedies, before relief was obtained, was between six and twenty-four hours.

The case has been examined by a number of the first physicians in the cities and country, whose opinions have been very various as to its pathological character; but the opinion most prevalent for a few years past is, that it is neuralgia. About one year ago, in four successive attacks, the ether was inhaled at the commencement of each attack, and in three of them relief was obtained in about five minutes, and in the other it failed, but from what cause I am wholly unable to determine. The system was left in a comfortable state, and not the least unfavorable effect could be observed or traced to its use.

In all this I acknowledge there is nothing remarkable, or that is worthy of the public eye; but the peculiar effect of the medicine alluded to above, was the discharge, each time, in the space of about half an hour, of near or quite a quart of pale, semi-transparent, limpid urine; and the best of all is, the patient has since enjoyed a total exemption from these distressing attacks, and has been enabled to pursue his business, which is that of a physician, in sweet and uninterrupted health. C. BANNISTER.

Phelps, Ont. Co., N. Y., May 13, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 24, 1848.

National Medical Convention.—"Why don't you publish the transactions?" is a common and very natural question, since the adjournment of the Association, but which is easily answered by saying, because we cannot furnish any more than has already been given, till the whole is brought out in a pamphlet. Without knowing much of what was achieved by that body of learned men, not having been able to attend ourselves, it is pretty certain they corrected all the evils and family jars that they could, advised in regard to the future, formed agreeable acquaintance, and by a joint effort labored in other ways to elevate the profession.

Hamamelis Virginiana.—From the American Journal of Homœopathy, the following account of the styptic properties of the well-known shrub, witch-hazel, has been extracted. A careful series of observations is demanded to decide whether it is deserving of the encomiums here bestowed upon it. We have never regarded it as of any great medicinal value. Says a correspondent of that Journal:—

"I have employed the Witch-Hazel for more than thirty years, in one way or another, as a remedial agent. My attention was first called to it by the country people round me, who use it for all manner of hemorrhages.

I once met a young man going to market in his wagon, and having by his side a branch of the witch-hazel in full foliage. I knew that his father and mother, and all the family, no less than eight or ten in numbers, except himself and younger brother, had died of consumption. He, too, was pale and emaciated, and bade fair soon to follow them to the tomb. He told me he dare not leave home without the witch-hazel, to stop his spitting blood; for as soon as it appeared, he chewed some leaves and swallowed the juice, with the invariable effect of arresting it at once. He has ever since continued to use the leaves, or a decoction of the bark. Either of these arrests the hemorrhage and relieves the pains of the chest promptly. He has since lived many years, although his health is not good. But I presume he owes his life to this one article. This is only one of the many similar cases of its successful effects. It does not arrest diarrhœas so remarkably as moderate hemorrhages, especially those of the lungs, stomach and intestines. In hæmatemesis I have found it to operate like a charm."

Etherization in Childbirth.—An octavo volume, illustrated by about four hundred cases, written by Walter Channing, M.D., Professor of Midwifery and Medical Jurisprudence in the Mass. Medical College, is nearly ready for press. The cases introduced into this work, from the known character of the author, will stand as rules of practice, and it is not unreasonable to anticipate for the work an extensive circulation. Whenever published, we shall notify the profession, and give a general view of its leading features.

Theory of Human Existence.—We lately received from the author, Thomas L. Wright, M.D., of Bellefontain, Ohio, a treatise which comprises remarks on vitality, the mind, and incidentally the soul—being an exposition of the nature, powers, and destiny of man, and sat down to its perusal with high-wrought expectations. The doctor must not be offended because we are of the opinion that he has not cleared up a single obscurity in regard to the theory of human existence. Each chapter was read with an increasing hope of arriving at some definite conclusions with regard to the mystery of the union of body and soul, which is alluded to from page to page, in the progress of the inquiry; but disappointment awaits all who look for new light, or marked advances in psychology, in this treatise. Dr. Wright is a man of strong powers and eager aspirations after truth; but in the path he is now travelling, he is doomed, like the countless philosophers of all past ages, to gaze upon the cover of a sealed volume, the contents of which are alone known to the Deity. According to Dr. Wright, the soul, the immaterial, immortal spirit, is always the same in man. Some there are, however, who are more gifted than others, and they are the master spirits, the governors of the various departments of life in which they appear; and they are so, simply because they have better developed organs by which the intellectual force is manifested. In other words, the body is a congeries of beautiful instruments, by the adroit use of which, and in no other manner, the transcendent properties of the soul are exhibited. They do not differ in kind, but in the perfection of the finish. On this point, the doctrines taught by the phrenologist are not entirely different, although differently expressed. The idea is advanced by Dr. Wright, that the mind is not the soul, but the evidence of its activity. The transmission of the

fluid from the battery over the telegraphic wire is an act that records the fact of an independent force, the existence of which is in no way depending on the presence of the wires.

"The instrument of the mind," says Dr. W., "in the organization of Franklin, was more than ordinarily perfect; in consequence, his conceptions were extremely magnificent and correct; and the same of Sir Isaac Newton. Yet, men whose physical construction is such that they would scarcely dream of a truth possessing the magnificence and grandeur of those promulgated by these philosophers, may possess minds which fully comprehend all these men taught, and appreciate and gloat over knowledge with all the satisfaction of its original promulgators. The grasping power of the mind in the former instances is superior, because of superiority of instruments; but the actual body, the length, breadth and depth—the scope and continuing capacity of mind in every instance, is the same, so far as human experience can teach."

Dr. Wright has accomplished nothing for physiology, so far as we can see, in this bold mental research; neither has he rendered essential service to the modern school of metaphysicians: still, he is a deep, honest, persevering thinker, but one who will be compelled, by-and-by, with reluctance to abandon the fascinating subject which engrosses the whole of his intellectual might, and fall back upon a truth as ancient as the days of Job, that *God hath hedged in man*, in regard to the solution of problems like these he is studious to solve. If he will now direct his whole attention to physiology, there are fields still open for investigation, in which rich developments might crown such efforts as his.

Dr. Harris's Introductory Lecture.—Perhaps there is not another locality in America, or in the world, where medical professors are so generally complimented by students, as in Philadelphia. One of the modes of exhibiting their personal respect, is by publishing their introductory discourses. This shows a good state of feeling, and is alike creditable to both. The fact is well established, that the faculty of the different medical institutions in that city are men of kind, gentlemanly deportment, which, united with a happy tact and a profound knowledge of the branches confided to them, is continually increasing the scientific importance of that city of schools. Wm. Harris, M.D., gave a lecture introductory to a course on obstetrics and the diseases of women and children, April 10th, which the auditors have printed, thus enabling us to profit by it also. He is a stickler for a long term of study, which would doubtless tend to make well qualified physicians. He would have every body, intending to practise, pass regularly through the Pennsylvania Hospital, read the Logonian Library, know all about Wills' and the Blockley, and the various other institutions in the "city of brotherly love." Without doubt his views and advice, for Philadelphia students, are excellent. In Boston, they should see all that is going on at the Massachusetts Hospital, the Eye Infirmary, the Lying-in Hospital, the South Boston Institutions, Chelsea Hospital, the M'Lean Asylum, &c. Dr. Harris works well for home, and it is justifiable and praiseworthy to do so.

American Journal of Science and Art.—The reputation of this Journal is deservedly high, and its prosperity is creditable to the American public. It is now published once in two months. If it were issued monthly, the

subscription would unquestionably be increased. Reading men are impatient for intellectual food—quarterlies are too long on the way, and too bulky when they arrive. The monthly journals in Europe, devoted to the physical sciences, evidently succeed better than those on the old scheme of once in three months. It has been suggested that a weekly digest of all the periodical publications of science, like Littell's *Living Age*, would meet with decided encouragement. Medical gentlemen who are not already patrons of the *American Journal of Science and Art* should become so, as they would find it a perpetual fountain of useful knowledge.

British Record of Obstetric Medicine and Surgery.—Having examined the recommendations from eminent professional gentlemen in Great Britain, in regard to the high qualifications of Dr. Clay for conducting the above-named newly-projected Journal, and their expressions of satisfaction in the character of the specimens they have seen, we cannot think otherwise than favorably of the enterprise. It would add very much to the interest we feel, in common with other medical readers, if a copy could be obtained. If numbers have ever been addressed to this office, they have miscarried.

Burial of the Dead.—Mr. Walker says, in speaking of metropolitan grave-yards, that in “ancient Egypt the plague was unknown. Although densely populated, the health of the inhabitants was preserved by strict attention to sanitary regulations. But with time came on change—and that change was in man. The serene climate, the enriching river, the fruitful soil, remained; but when the experience of 2000 years was set at nought—when the precautions previously adopted for preserving the soil from accumulated impurities were neglected—when the sepulchral rites of civilized Egypt were exchanged for the modern but barbarous practices of interment—when the land of mummies became, as it now is, one vast charnel-house—the seed which was sown brought forth its bitter fruit, and from dangerous innovations came the most deadly pestilence. The plague first appeared in Egypt in the year 542, two hundred years after the change had been made from the ancient to the modern mode of sepulture; and every one at all acquainted with the actual condition of Egypt will at once recognize in the soil more than sufficient to account for the dreadful malady which constantly afflicts the people.”

Palpitation of the Heart—Tobacco, Tea and Coffee.—Prof. W. Parker, of the New York College of Physicians and Surgeons, at a recent clinique, examined a man who was troubled with palpitation of the heart. The report in the *Annalist* states that no physical signs of organic disease of the heart could be detected; “and hence we may conclude,” says Dr. P., “with much certainty, that all the cardiac disturbance is purely functional, depending on derangement of the digestive organs—and this again depending on the free use of *tobacco, tea and coffee*, and too much confinement within doors. What, then, are the indications of treatment? Shall we give physic in such a case? Will physic cure bad habits? Not a bit of it. Let the patient simply throw away his tobacco, his tea, and his coffee; adopt a plain and wholesome diet, and take regular exercise in the open air, and he will soon be well; in a word, remove the *causes* of de-

rangement, and the effects will cease. Dr. Parker here alluded to the fact, that much less medicine is now given by well-educated physicians than formerly; and to the erroneous supposition that this was owing to the influence of some modern theories. Nothing, he said, could be further from the truth; on the contrary, it is owing entirely to the increase in our knowledge of disease, and especially in our more precise and certain means of diagnosis. For it may be laid down as a general rule, that the more certain and accurate is our knowledge of the nature, extent, and existing stage of disease, the more perfectly shall we adapt our remedies to the precise objects to be accomplished, and, consequently, the less will be required. While so long as our ideas of the nature, extent and location of disease, are confused and uncertain, so long shall we be prone to increase the quantity and variety of our remedies, with the hope that some one of the number will hit the disease. And lucky will he be, who, under such circumstances, does not hit the patient instead of the disease."

Commencement of the Baltimore College of Dental Surgery.—The annual commencement of the Baltimore College of Dental Surgery, for conferring degrees, was held in the saloon of the College building, on Thursday evening, March 2d. The candidates for the honors of the institution were called up by Professor Harris, and the degree of Doctor of Dental Surgery conferred by Prof. Bond, on the following gentlemen, viz., Daniel Vandinburg, N. Y.; R. W. Armstrong, Md.; John M'Calla, Pa.; B. A. Kennedy, N. C.; Charles Bond, Md.; R. D. Addington, Va.; W. H. Morgan, Ky.; Joshua King, N. C.; T. J. Jones, Ga.; Hervey Colburn, M.D., Md.; E. W. Mason, Md.; Charles Barnes, Md.; D. G. Varney, Mass., and J. J. Adair, Ky. Dr. E. Parmly, of N. Y., pronounced the valedictory address. Dr. J. J. Adair replied to Dr. Parmly on behalf of the graduating class, in a manner highly complimentary to himself, and expressive of the sentiments of those whom he represented. Prof. Bond made a brief reply from the Faculty, expressing feelings of great gratification for the sentiments expressed by Dr. Adair. The awarding committee then made their report through Dr. Gardette, who announced the name of Dr. Vandinburg, of N. Y., as the candidate that had been selected, after two examinations by the committee, to receive the reward of a beautiful set of extracting instruments.—*Dental Intelligencer*.

TO CORRESPONDENTS.—Dr. Leonard's case of Cyanosis, and Dr. Wilbur's remarks on Diabetes, have been received.

MARRIED.—Roswell Fox, M.D., of Wethersfield, Conn., to Miss M. A. Gager.

DIED.—In South Boston, Marcellus Bowen, M.D., 37, a native of Vermont.—At Amherst, Mass., Jacob Holt, M.D., 26, late of Boston.—At Athol, Mass., Dr. Royal Humphrey, 86.—At Lewistown, Ill., Dr. Roger Viets, formerly of Conn., 37.

Report of Deaths in Boston—for the week ending May 20th, 69.—Males, 36—females, 33.—Stillborn, 3. Of consumption, 9—typhus fever, 1—lung fever, 1—scarlet fever, 7—child-bed, 1—bilious fever, 1—dropsy, 1—dropsy on the brain, 2—inflammation of the lungs, 6—inflammation of the stomach, 1—inflammation of the bowels, 2—infantile, 5—diarrhoea, 1—dysentery, 3—accidental, 2—croup, 5—convulsions, 3—measles, 2—insanity, 1—paralysis, 1—neuralgia, 1—disease of the heart, 3—disease of the brain, 1—smallpox, 1—cholera infantum, 1—delirium tremens, 1—debility, 1—mortification, 1—teething, 2—syphilis, 1—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 11—over 60 years, 4.

Medical Miscellany.—The Cincinnati Commercial says there is a man in that city who is partially deprived of nearly every sense, except of taste alone. He is deaf, dumb, blind, cannot smell, and partially deprived of feeling by palsy. This is about as near to death as life can approach.—It has been remarked, that May, June and July are the months in which most suicides are committed in France.—On the 9th instant, a meeting of the College of Physicians and Surgeons of Lower Canada, was to take place for the purpose of adopting a code of by-laws.—A new wing is to be forthwith erected to the Montreal Hospital, to be called the "Reid Wing," in honor of the donor, the late Chief Justice Reid. It is said to be the richest hospital on this continent. The late Dr. Shakel bequeathed to it a valuable property in reversion.—T. Hooker has been prosecuted by the College of Physicians and Surgeons, in Canada, and fined £5 for practising without a license.—The next annual meeting of the American Homœopathic Institute will be held in New York, in June.—A monthly Homœopathic Medical Reporter is published at Milwaukee, Wisconsin, by Drs. Tracy and Douglass.—The American army, at some of the interior parts of Mexico, is suffering from sickness.—The Governor of Maine recommends to the legislature a favorable consideration of the wants of the Asylum for the Insane in that State, and for increased appropriations for the deaf, dumb, and blind.—There are no less than 2,853 lunatics in the licensed asylums of London.—Smallpox is said to have made its appearance in Carlisle, Pa., derived from Harrisburgh.—An adjourned meeting of the Counsellors of the Mass. Med. Society will be held at the Masonic Temple, Tremont street, Tuesday, May 30th, at 10 A.M.

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A NEW and elegant substitute for Plaster Cloth, Sutures, Bandages, &c., in surgical operations. It is also much preferable to Court Plaster and Gold Beater's Skin, being nearly the color of the skin, adhering more closely to it, and continuing pliable and unaffected by washing.

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March 22—tf

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AN Anodyne Expectorant, prepared on the new plan of combining the isolated, active principles of medicine, in their purity; a plan which is found to give an energy and certainty of remedial effect far surpassing any other in use. The substances of which it is composed are those known to be most relied on for the relief of pulmonary disease, viz.: Morphine, Sanguinarine, Emetine, Tart. Ox. Antim. et Pot., Hydrocyanic Acid, Saccharum, Spt. and Aqua; combined so as perfectly to resist the action of time; and affording to physicians a compound of *free, permanent* hydrocyanic acid—a desideratum in medicine not hitherto obtained. Its formula has been published in this and other Medical Journals, and also submitted to some of the highest medical authorities in this country, among which are the Berkshire College of Medicine, Pittsfield, Mass.; Willoughby Medical College, Columbus, Ohio; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton, Vt.; Geneva Medical College, Geneva, N. Y., and also in manuscript to a large part of the medical faculty of the United States.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, MAY 31, 1848.

No. 18.

CASES OF INJURY OF THE HEAD, WITH REMARKS.

BY A. B. SHIPMAN, M.D., PROF. OF SURGERY IN THE INDIANA MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

SOME four or five years ago, I wrote, for the American Journal of the Medical Sciences, two articles on injuries of the head, which were published. Since that time, I have met with quite a number more of the same character, some of which were attended with circumstances which make them quite interesting to the practical surgeon. I shall relate them in as few words as possible, and make but a limited number of remarks on each case.

CASE I.—October 18, 1841. I saw a girl of John Lambertson, of Virgil, Cortland Co., N. Y., æt. about 10 years, who had received a wound on the back side of the ear, near the mastoid process of the temporal bone, from a stone thrown at her by a boy while at school. It knocked her down and stunned her, but she soon recovered and kept going to school for some time afterwards. This was twelve weeks previous to my seeing her. Her parents stated to me that she had complained of severe headache most of the time; had been very feverish, with sleepless nights; lost her appetite; became peevish and irascible, while the head had been hot, and, where the stone had struck, was very tender. Some swelling also occurred back of the ear, and at the time when I first saw her, evidently contained a fluid. The girl was greatly emaciated, was feverish, had night sweats, with loss of appetite, yet she had never shown any signs of mental aberration. I resolved to lay open the swelling, by the advice of my partner, Dr. Daniel Havens, who saw the patient with me. On making an incision, an ounce or two of fœtid pus was found, and the bone beneath was bare of pericranium. The bone had a dirty white appearance, and, on a close inspection, a portion of it was found a little loose. With the elevator and forceps I carefully raised and detached a piece the size of a dollar, which appeared to have been fractured by the stone; while inflammation and suppuration had taken place above and beneath the bone, and the absorbents had removed some parts of the living bone which had loosened the detached piece. There was some pus beneath the bone on the dura mater, which membrane was, as far as could be determined, in a healthy state. The pus

was carefully washed out, and the wound dressed with adhesive plaster; and the patient had a speedy recovery, and has remained well ever since.

Remarks.—In this case we have an illustration of what nature will do in a very severe injury, and also of what Mr. Pott wrote so graphically a long time ago, on inflammation and suppuration beneath the skull. There was no extravasation of blood from the blow on the head, nor any symptoms denoting compression. Inflammation and suppuration occurred beneath the fractured bone, and the absorbents removed the bone in contact with the fractured piece, which loosened it so that it was easily removed.

CASE II. Case of Fracture of the Skull—Trephining—Recovery.—A son of Mr. A. Nickerson, of Summer Hill, Cayuga Co., N. Y., 9 years of age, was kicked by a horse, July 23, 1843, at 7 o'clock, P. M. The heel cork struck him on the right side of the frontal bone an inch above the superciliary ridge. Dr. Alfred Cooke was called to see him, who informed the friends that an operation would be necessary, and I was sent for. I saw him at 7, A. M., twelve hours from the accident. He vomited soon after receiving the injury, and became insensible and remained so through the night, with stertorous breathing and dilated pupils, and an involuntary discharge of urine. The wound of the scalp was large, and the bone fractured and depressed for three inches in diameter. The pieces were so firmly wedged that it was necessary to apply the trephine on the edge of the fracture, when, with the elevator and forceps, fourteen pieces of bone were removed, and some depressed portions of the skull elevated. The dura mater was not lacerated, but was marked and indented by the sharp edges and points of bone, and remained so when the wound was closed. Immediately on raising the depressed bone, the boy began to show signs of returning consciousness, and in an hour was rational and conversed with his parents, to their great joy. The wound was then dressed with light dressings, his head elevated, the room darkened, and a cathartic of calomel administered. The next day re-action came on, with headache and a full, strong pulse. He was promptly bled and kept on a light diet, with laxatives every other day, and no farther symptoms arose to require treatment. In two weeks the wound had healed.

Remarks.—The prompt benefit which followed the operation of trephining in this case was very striking and satisfactory. A delay of a few hours would have been too late; inflammation, suppuration, or ulceration of the dura mater, beneath the seat of pressure, would have supervened, and the case would have had a disastrous termination. An early operation in these cases is greatly to be desired; and the surgeon should promptly act if he wishes success in this department of his profession.

CASE III. Fracture of Skull—Recovery, without Trephining.—E. H., a girl 13 years of age, while in a chamber, with an infant in her arms, October 1, 1844, was struck upon the head with a piece of iron and knocked down, insensible. It was during the political excitement preceding the presidential campaign of 1844, when firing of cannon,

processions and mass meetings were the order of the day. Some twenty or thirty men were firing a twelve-pound cannon on the Court-House Square in Cortland Village, N. Y., when having charged it very heavily it burst, scattering the fragments of iron in every direction, and shivering the carriage to splinters, but without injuring a man about it. This young lady was in a house twenty rods from it, looking out of a chamber window at a distant procession, when a fragment of the cannon, weighing twenty pounds, came through the roof, cut off a rafter, struck her on the head, went through the floor, and buried itself in a bed in a room below, where a few minutes previous the invalid mother had been reposing. I saw the girl thirty minutes from the accident. Found her cold and insensible, with a wound near the vertex. On examination, I found the scalp lacerated and the left parietal bone denuded to some extent, and on close inspection discovered a capillary fissure, extending forwards as far as the laceration in the scalp. No depression of any portion of the bone was to be discovered, and, as in all probability the case would require an operation, the scalp was laid down, a compress wet in cold water was applied, and a night cap put on. Some stimulus was given to rouse the pulse and promote re-action. In four hours the patient became warm, the pulse rose in strength and frequency, yet she still was unconscious of surrounding objects, and remained so during the night. Next morning, October 2d, she began to take notice of things, and was able to speak and take a little gruel. Great swelling of the head and face, the eyes being nearly closed with extravasated blood, and the conjunctivæ ecchymosed.

Oct. 3d.—Some febrile action and headache, with incoherent expressions; does not know where she is. Was bled 15 ounces, when she fainted. A cathartic of calomel, followed with castor oil, was given, and a brisk cathartic effect was obtained.

4th.—Some febrile excitement came up to-day, and she was bled twelve ounces, when she again became faint. She is still rather out of her senses, and does not move her right arm and leg, and has difficulty in articulating. Take calomel ten grains, compound extract of colocynth ten grains: make into two pills; one at night, which kept the bowels open.

5th.—Improving a little. Has less fever and is more rational. Wants something to eat. Allow her a little rice. Says her right arm and leg are numb.

6th.—Improving still. Is quite rational, and now remembers being in the chamber, looking out upon the distant field, where the people were gathering, on the day she was hurt. Keep her on low diet, and give the alterative pill every night.

7th.—For the next seven days she remained in nearly the same state, with but little fever, but the use of the arm and leg did not improve, and she complained daily of a strange feeling in her head, with a sharp lancinating pain, occasionally darting through the temples. These symptoms rather increased from day to day. Finally, the head became hot and she was very feverish, and had some turns of loss of consciousness.

About the 20th day of the accident a puffy swelling began to form about two inches anterior to the wound on the scalp, which had been perfectly healed for several days. This swelling was of considerable size, was elastic, and a fluctuation was obscurely felt. I made a free incision down to the bone, and evacuated a quantity of coagulated blood and ill-digested pus. I found the pericranium detached from the bone, and a fracture, with depression of a piece of bone of a triangular shape, and an inch in length. The depression was but little, not more than three lines, and one side of the fracture was separated about the same distance, allowing the escape of a small quantity of pus from beneath the skull. From this time, the symptoms improved rapidly, and she regained the use of the arm and leg. The wound on the head discharged a small quantity of healthy pus, and then healed, and the patient, in the course of a few weeks, was as well as before the accident, and has remained so ever since.

Remarks.—There are one or two singular points in this case, which I am at a loss to explain satisfactorily. In the first place, why the piece of iron, which was a rough, irregular fragment, weighing twenty pounds, falling perpendicularly from a great height, did not produce a more terrible wound, when it apparently fell nearly on the top of the head. It must have been the case, however, that she stooped some at the time, and the blow was received obliquely, or glanced off. In the second place, I am at a loss to account for the fracture and depression, which were discovered at a late period, and were in all probability the chief cause of all the mischief which ensued. It is possible that a piece of the rafter, which was cut in two, struck her simultaneously with the fragment of iron; but no appearance of such a wound was to be seen or felt, and the scalp was extensively shaven, preparatory to the operation which I was in expectation of performing on the following day. No contusion was discovered, nor did she complain at any time of pain or soreness in that situation, although she made a great ado at times of the soreness and pain in the wounded scalp; and it was only on the occurrence of the swelling, that she manifested anything like pain in the part. The semi-paralysis was on the *right* side, opposite the injury, and was the result of pressure from the depressed piece of bone, and probably some slight extravasation, which either was absorbed or discharged mixed with the pus which formed beneath the bone. With the discovery of this depressed piece of bone in the first instance, and the symptoms which were present, a resort to the trephine would have been justifiable; and although we could have hardly expected a more happy termination under any circumstances, yet I must confess I look upon it more in the light of a fortunate escape, than a scientific cure. It is possible, however, that surgical interference in the first stage might have hastened it on to a fatal termination.

CASE IV. *Injury of the Head—Symptoms of Compression—No Evidence of Fracture—Recovery, without an Operation.*—A little girl of Lyman Wheeler's, aged about 9 years, of Solon, Cortland Co., N. Y., was run over by a cow, while on her way home from school, August 27th,

1845. Her little brother who was with her, and saw the transaction, gave the alarm, after finding that she was unconscious and could not rise. She was carried, in a state of insensibility, into the house, and Dr. Finn, who lived near by, sent for. The doctor found her extremities cold, the pulse depressed, and she was totally unconscious of surrounding objects. Some diffusible stimulus was given her, which she swallowed with difficulty; yet after a few hours re-action came on, when she was bled, and then some imperfect signs of consciousness manifested themselves. She was able to speak, appeared wild, and talked incoherently. This was in the evening of the day she was injured. In the course of the night she became comatose, with stertorous breathing, a slow irregular pulse, and involuntary discharges of urine and *fæces*. The next day, August 28th, it was discovered that she did not use the arm or leg of the left side. Her head had been searched thoroughly for a wound or bruise, the hair cut off, but nothing could be discovered except a spot behind the *right* ear, which was swollen, and there was some extravasation of blood beneath the skin. The little boy says that the knee of the cow struck her in that place. Dr. Finn bled her again, and this day gave her croton oil, and applied cold to the head.

August 29th.—Symptoms nearly the same; more re-action; bled again and gave another cathartic.

30th and 31st.—Insensibility complete; stertor and involuntary discharges; pulse rapid, and she seems sinking. Some convulsive twitches of the muscles of the face.

September 2d.—I saw the child, in company with Drs. Finn, Potter and Wiggins. We gave the head a searching examination, yet we could discover no lesion or depression of the bone, or any contusion of the scalp, with the exception of the ecchymosis behind the left ear. This portion appeared slightly swollen, and was of a yellowish hue. She was completely insensible to surrounding objects, yet she occasionally moaned and sighed, and moved the left arm and leg. On pinching the right foot or knee, she did not seem to feel it. The pupil of the right eye was greatly dilated, and did not contract on holding a strong light to it. The left pupil was contracted to a point. Her pulse was 130 per minute, and weak. Our opinions were, that an extravasation of blood somewhere within the cranium was present; but where was it situated? Was an operation justifiable? No. We could not tell where to perforate. Of course our prognosis was unfavorable. What was then to be the treatment? The doctor had carried his depletion as far by the lancet as was prudent. We agreed to apply a blister to the back of the neck, continue cold to the head, mustard sinapisms to the soles of the feet, elevate the head, give small doses of calomel and ipecac., &c. This course was continued about one week, during which time no very perceptible change occurred, except she had turns of screaming and a sawing motion with the left arm, which she kept going for twenty-four hours at a time. There was also picking at the bed-clothes and spasmodic twitchings of the left leg and side of the face, eye-lids, &c. The blisters were renewed, and kept running on the neck, legs and arms.

Septemoer 10th.—She begins to be sensible of surrounding objects ; can speak ; knows her mother and sisters. The gums are a little tumefied, and a mercurial odor perceptible in the breath. Still she cannot move the right limbs, nor has she any sensation in them. The pulse is at 100, soft and regular. Omit all treatment but counter-irritation.

30th.—Patient begins to move the limbs a little ; is perfectly rational ; has been somewhat flighty at times, until within a few days.

From this period she recovered quite rapidly, and got entirely well, her right leg and arm remaining clumsy a long time.

Remarks.—From this case we learn a very useful lesson. From the severity of the symptoms, we infer that an extravasation of blood, to a considerable amount, was present within the cranium ; but where was it situated ? On the surface of the brain ? Or at the base ? Or in the substance, or the ventricles ? Or was there no extravasation ? Were the symptoms of compression the result of depressed bone ? Or was it some other compressing cause ? It is possible that the blow on the back of the head by the knee or foot of the cow, produced a fracture of the bone, and that extravasation occurred beneath the seat of the injury ; or there might have been no fracture, and yet extravasation occur near the place where the blow fell, or at a distance from it, perhaps at the base, or in the ventricles, or the substance, or on the surface, from the general concussion alone. That there was a lesion of some kind within the cranium, is certain. That it took place at the time she was knocked down by the cow, is also certain. In the first place there was a concussion, then a partial recovery ; then the compressing cause supervened ; inflammation came up in the course of three or four days, was met promptly by depletion, counter-irritation, and the exhibition of mercury ; and finally absorption, as was shown by the gradual disappearance of the paralysis, completed the cure. The case certainly appeared nearly hopeless, inasmuch as no operation was indicated, from the uncertainty of the point where the injury was seated. It was certainly a very interesting case to the surgeon and pathologist ; to the one showing how an almost hopeless case will recover without an operation—and to the other, that absorption of an adequate compressing cause may take place in a very short time.

CASE V.—Injury of the Head in a Child 2 years old—No Fracture—Inflammation, Effusion, Ramollissement, Death.—A child of Geo. S. Taylor, aged 2 years, fell from the door upon a stone step. The blow was received on the left parietal protuberance. The child was stunned by the fall, but soon recovered. A tumefaction was left over the part, which, however, went off in a few days, but the child was fretful and peevish, and was hot and restless nights. This the mother attributed to worms, and I believe procured something and gave as a remedy for them.

About four weeks from the time the child fell, I was sent for in great haste in the night. The child was attacked with convulsions. Not being at home, Dr. Wm. J. Willson went to see it. He prescribed anthelmintics. Next day the convulsions recurred, when I saw it. At this

visit I heard of the fall of the patient, and learned the history since its occurrence. No visible marks, however, were observable on the head. The convulsions would come on every hour or two, would pass off perfectly, and in the intervals the child was playful and quiet. I learned that it was feverish and restless through the night, with irregular bowels and capricious appetite. My prescription was a blister behind each ear, cold to the head, and one grain of calomel every four hours. For about a week after this the patient had no convulsions, was more quiet at night, with an improved appetite. The stools were green and slimy, and the calomel was discontinued on account of its acting too much on the bowels. The hydrarg. cum creta was substituted for the calomel, and the blisters continued. The convulsions now recurred again, and continued with great violence for two days, when it was discovered that the *right* arm and leg were paralytic. The pupil of the right eye was greatly dilated and immovable; the left was nearly in a natural state. It is unnecessary to detail the treatment, or changes of the disease from day to day. It passed on very slowly and gradually, convulsions occurring almost daily; after which a suspension for a few hours, and some slight improvement in the aspect of the case, would lead the anxious mother to catch hold of the hope of recovery with maternal eagerness. Its senses, throughout the whole of the long and protracted illness, were apparently unaffected, when not under the influence of the convulsions. There was but little coma, even immediately after undergoing a fit of spasmodic convulsions. At all other times it appeared to know its mother, and would cry when left with a strange face to watch with it, but immediately on its mother's return would recognize her, be quiet and docile, and even playful, up to the last hour of existence. There was one prominent symptom which I have omitted to mention, which was rolling of the head. This was observed before the convulsions made their appearance, and after that occurrence was a constant and every-day symptom till the death of the child, who apparently retained its senses to the last.

Autopsy, 10 hours after Death.—The body was tolerably plump, countenance placid. The scalp was vascular, and a good deal of blood escaped when the incisions were made. The pericranium was firmly attached to the left parietal protuberance, over a space of two inches in diameter. The skull was very thin, and on sawing the bone the serum began to flow through an opening in the dura mater, which was wounded by the teeth of the saw. On attempting to elevate the calvarium, it was found to firmly attached to the dura mater, on the left side, opposite the point where the pericranium was adherent, that the membrane was torn, and remained so firmly fixed to the bone, that it could not be separated over a space of the size of a crown-piece. There was probably half a pint of serum between the dura and pia mater, and a portion of the brain beneath the adhering dura mater was soft, like thin custard. This extended to the depth of an inch into the left hemisphere. Around the edges of this portion, the vessels of the brain were enlarged and very apparent, and this portion was in a state of ramollisse-

ment. There was also water in the ventricles and the lining membranes, not only of this portion, but of the whole surface of the brain, which was exceedingly vascular. I could not make out that the bone was fractured; but there was some kind of injury at the time of the fall, which kindled up inflammation.

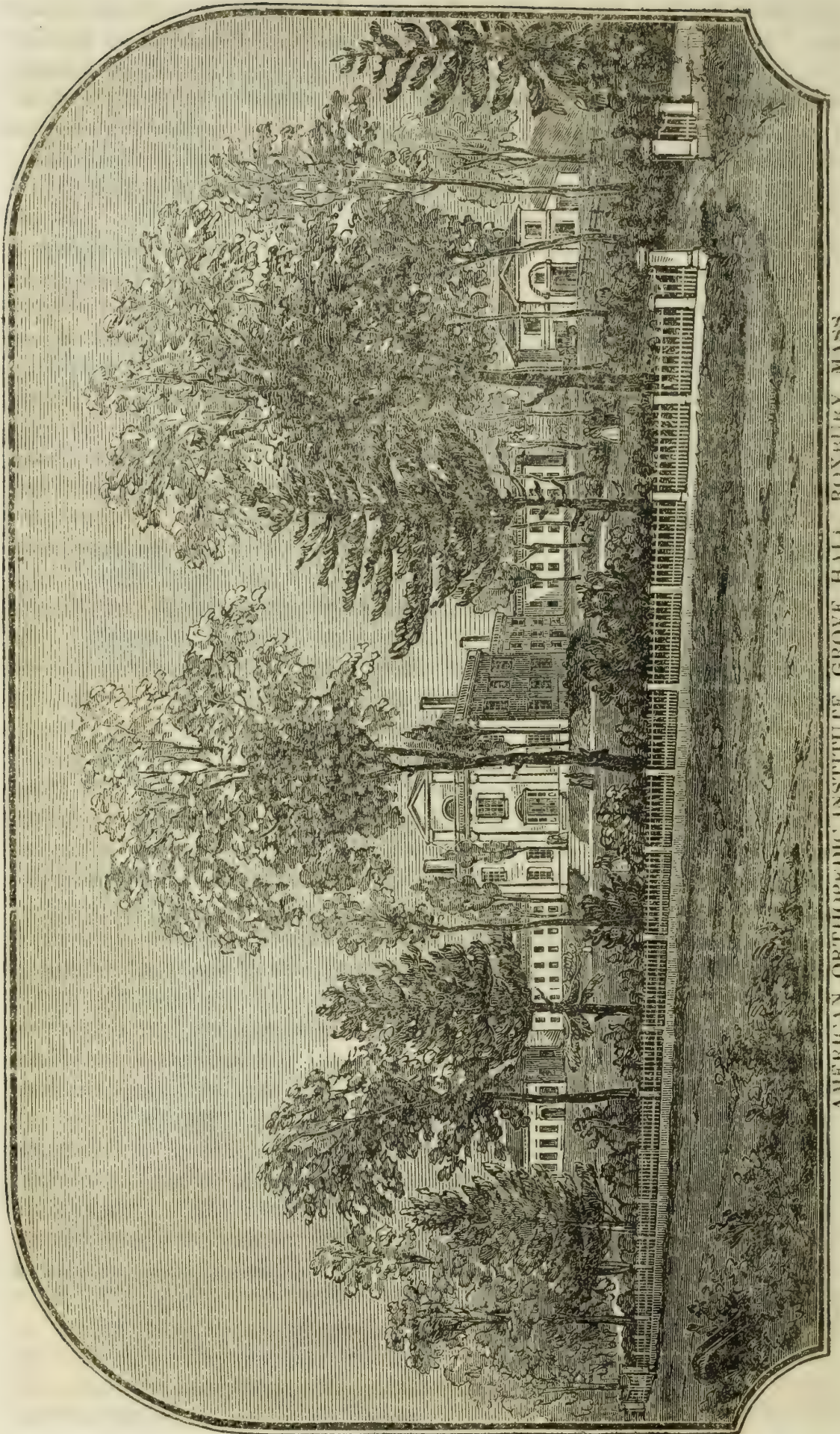
Remarks.—The most remarkable feature in the last-mentioned case, was the slow and gradual progress of the disease, and the little disturbance of the intellectual functions, together with the almost entire absence of coma, where we should imagine, from the autopsy, it would have been present, as there was from three to four gills of serum in all, diffused over the surface of the brain, between the dura and pia mater and in the ventricles; which was a quantity sufficient, we should suppose, to produce it at some stage of the disease. It was only present a short period immediately succeeding a convulsion, and then there was no more than we often find where worms or intestinal irritation is the cause. But one solution of the matter may be found in the gradual manner in which the effusion was induced, and the equable pressure on all parts of the brain at once. The retaining of the senses throughout the disease is another point on which the cause is more obscure. It is true, there was but one hemisphere of the brain involved in disorganization, but that was the surface of the organ where the intellectual faculties are said to reside. The extent of this softened portion was large, yet we are certain that but little mental disturbance was the result. It may be questioned by some how far a child, of the age of this one, would manifest mental phenomena, sufficient for us to speak confidently on this point; but we must allow an intelligent mother, with her fears and hopes, sharpened by affectionate solicitude, to be the best judge of this question. She says that there was no time, except while the child was in convulsions, or immediately after passing from one, but what it was in possession of its reason; and even while in the spasms, towards the close of the case, its look of intelligence was painfully expressive. The paralysis which attended this case was in accordance with the known function of the brain, on the opposite side from the seat of disease. It is probable that many of the diseases of the brain of children might be traced to blows received a long time preceding the occurrence of symptoms denoting the disease. A child has sudden convulsions, preceded or not by feverish symptoms. Worms or teething have the credit of producing these, and the patient is subjected to a course of anthelmintics. The symptoms abate, which confirms the diagnosis. Again, convulsions occur, another course of the same remedies is used, and finally paralysis or coma develops the true nature of the case; but it is now too late, the mischief is done, organic changes have taken place in the brain, and the patient dies. Young practitioners are very prone to commit these errors in diagnosis. They are more disposed to go worm-hunting, than searching into the true pathology of the disease. Convulsions are a symptom of worms. Grinding of the teeth is also a symptom, as well as rolling of the head and screaming out suddenly, perhaps in sleep. How, then, it may be asked, are we to distinguish between the two? It is true, there

is, in some cases, a difficulty in doing so ; but it is more excusable and does less mischief to your patient, where there are signs of head disease, even if they are symptomatic, to consider it a case of cerebral disease, and base your treatment accordingly. There is no harm, in most cases, in giving calomel, and applying epispastics behind the ears in convulsions where strong signs of head disease exist, even if it is purely consecutive.

CASE VI. *Blow on the Head—Epilepsy—Amaurosis.*—C. P., aged 46, was struck on the right side of head with a limb from a tree. It was over the right parietal protuberance. No wound was made, except a slight contusion, but the whole right side was struck numb, as he termed it ; he also saw sparks, dark bodies and muscæ volitantes, and his eyesight began to fail. Very gradually the right side regained some degree of sensibility. But he continued to have these optical spectra until the sight was nearly lost in the right eye. May 1, 1846, he had an epileptic convulsion. Since that time the numbness and weakness of the side has been worse. October 3d, 1846, had another epileptic fit. Since that, the sight of the left eye is beginning to fail. On looking at the eyes, the pupil of the right one is dilated and looks amaurotic, and contracts feebly on exposing it to a strong light. The left appears nearly natural. His general health is good. There is no appearance of any lesion about the scalp or cranium, and no tenderness indicative of disease. He says that there was pain and tenderness a long time on the right parietal bone, after he received the blow. My prescription was, cupping the temples, a seton in the nape of the neck ; and unguentum of tart. antimony to a spot on the scalp over the right parietal bone ; with a blue pill every other night, and a light diet.

Remarks.—It is impossible to say what amount of injury this blow on the head inflicted. It is probable that it was something serious, to produce the partial paralysis which followed. The gradual failure of vision goes to support the same idea, and the subsequent epileptic convulsions make it highly probable that some degree of pressure or irritation is present within the cranium, that will ultimately destroy him. But what is it that produces this state of things ? Was the skull fractured by the blow ? There was strong evidence of some compressing cause, which is in force more or less up to the present time, and on the increase. There may have been fracture, with depression of the inner table of the skull. A morbid growth of bone may be going on from some portion of the inner surface of the cranium. But where is the point that is producing the disturbance in this case ? is a question not easily solved. Time may develope, perhaps, what is not at present very clear. Can any operation avail anything here ? If we knew there had been fracture and depression, and could place our finger on the point, an operation might be justifiable—as it has been done to relieve epileptic fits, and with perfect success.

(To be concluded next week.)



AMERICAN ORTHOPEDIC INSTITUTE, GROVE HALL, ROXBURY, MASS.

AMERICAN ORTHOPEDIC INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS institution is in Roxbury, Mass., a little more than a mile from Boston, in one of the most beautiful and healthy locations in New England. It is capable of accommodating two hundred patients. There are connected with it a gymnasium, a bathing establishment, and ample grounds for exercise in the open air; while it is perfectly free from the contaminating influence of a dense population.

At this institution the following diseases of the joints, muscles and nervous system are treated, viz., curvatures of the spine, spinal irritation, contraction of the muscles, total or partial paralysis, false ankylosis, and club feet.

Many of these diseases, especially curvatures of the spine, cannot be successfully treated in private families, which experience in numberless cases fully confirms.

Dr. Abbe has recently visited some of the most celebrated orthopedic institutions in Europe, and has adopted all that he considers practically useful. He would acknowledge his great obligations particularly to M. Guérin and M. Bouvier.

The domestic arrangements of the institution are under the care of a matron of unquestionable qualifications for the station. Patients affected with diseases of the spine are for the most part young, and often desirous of prosecuting their studies; for this purpose, as the course of treatment will not prohibit, a teacher is connected with the establishment, who will give instruction in music, drawing, French, and the various English branches.

During the year 1847 one hundred and thirty-nine cases were under treatment. Of these, Jan. 1st, 1848, there were remaining, of posterior curvatures, 4 cases; lateral, 4; spinal irritation, 3; partial paralysis, 2; diseased brain, 1; club foot, 1.

At this season of the year (January) there is usually a much smaller number of patients than at other seasons, from the fact that those suffering from chronic affections seldom leave home at such a time to place themselves under treatment, unless the constitutional disturbances are urgent.

ALANSON ABBE, M.D.

CASE OF CYANOSIS, OR BLUE SKIN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The subject of the case in question was the *sixth child*, who died at an early age, in the *same family*, from nearly the same symptoms. The first five patients were not mine; indeed, I did not see them, but the mother, who is an intelligent lady, informed me that there was a striking similitude of phenomena exhibited in all her children; and from the first, she was confident that her child (my patient) could not survive, for the others had been treated by skilful and experienced

physicians without any but the most unfavorable results. She even expressed her conviction at the time this sixth child was born (I attended her during this accouchement), that he would "never live to grow up." Yet there was nothing at that time to impress me with such an apprehension; on the contrary, the child was of ordinary size, plump, and no unusual symptoms were present. It continued well for about a week, when it frequently had violent fits of crying. At these times, the skin over the face, neck, and upper extremities, was "livid or violet colored," the bowels became constipated, and the other symptoms were aggravated so much that the poor little patient was in several instances actually thrown into convulsions. The usual means for overcoming these difficulties were in vain resorted to, and my patient continued to suffer. At length I advised tepid water enemata, small doses of magnesia and castor oil, for the torpid state of the bowels, and anodynes to mitigate the extreme agony occasioned by the paroxysms, as well as to procure rest. I informed the parents that this was all that I could do, and that it would be useless for me to repeat my visits, unless some other circumstance than at that time existed should render my attendance necessary. Not long after, the father of the child called on me, saying that, as a "last resort," they wished to try *homœopathy*. I did not object, for I was willing to indulge my afflicted friends, and in this particular case I did not consider "*small doses*" bad practice. Accordingly a distinguished Homœopath was consulted. At first, I think he diagnosed the case one of "wind colic," but subsequently "liver complaint," prescribing *secundum artem*! This doctor of the "new school," after denouncing the "regulars," declared the child's heart healthy, and promised a cure; but the patient grew worse, and the Homœopath was discharged with all his laurels. I was again requested to attend the child, and continued to do so until its death—the child living seven months. About six weeks previous to its death, it was attacked with diarrhœa; the evacuations were sometimes light-colored, sometimes green, and at other times bloody. The patient grew worse in all respects, the blue color of the skin was never absent, vomiting came on, irritation from the incisor teeth became another source of trouble (the two under ones came through), and after long and intense suffering the little sufferer was released by death.

Post-mortem, thirty-six hours after death.—Present, my friend, Dr. H. W. Stillman, of this place, who took great interest in the case, and assisted me in the examination. Head not examined. Lungs healthy. Pericardium contained about two ounces and a half of serum. Endocardium unnaturally red. Heart much enlarged. Foramen ovale open. Stomach normal. Liver healthy. Mesenteric glands tuberculous and melanotic. Transverse arch of the colon and the small intestines much inflamed. Rectum in a state of ulceration, contained pus, mucous membrane entirely destroyed for the space of four inches. I may add that the spleen, pancreas, kidneys and urinary organs, were all in their normal condition.

I am of the *opinion* that five others had died of cyanosis in this family. The parents are healthy, and so are their four oldest children. What

cause shall we assign for the development of this disease in the six younger children?

When cyanosis depends upon malformation of the heart, I know of no method of cure. Judicious management may prolong life, but recovery cannot be expected.

Very respectfully yours,

Lime Rock, R. I., May 17th, 1848.

J. P. LEONARD.

DIABETES MELLITUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The Journal of May 3d, 1848, contains the reply of *the advocate* of the doctrine that “diabetes mellitus is *primarily* an affection of the brain.” In my first *review* I was actuated by no other motive than a desire to maintain truth and vanquish error; in whatever form false doctrine present itself, and by whoever taught, it shall ever be my purpose and pleasure to lend a helping hand for its overthrow.

In my communication in No. 3, of the present volume, I said that “patients who have diabetes, generally live *comparatively* a long time, while those who have *lesions* of the brain soon die. He is “astonished” that I do “not know that some affections of the brain may exist months and even years,” without producing death. Now the term “affections of the brain,” or any other part of the system, expresses nothing at all in a pathological sense; while *lesion* cannot be mistaken unless by some one who wishes to falsify the use of terms. He admits that his “cases” and their *post-mortem* developments had nothing to do in influencing him to adopt his present “views” of the disease, for he had formed his opinion before he had examined the bodies.

I hope, when he “communicates” his “views” more fully in regard to this disease, he will give the specific gravity of the urine, the tests he used, the amount of saccharine matter in that examined, also the largest quantity of urine passed in any twenty-four hours in the progress of the disease; so that the profession may know whether they were “cases” of diabetes or not. I cannot yet understand how disease at the origin of the pneumogastric nerve could induce sugar in the urine, but perhaps the pathologist whom I have the honor of reviewing can furnish us with more light upon the subject. I confess my knowledge of physiology does not account for it, but those who possess the *intuitive* perception of my Pawtucket friend, may be able to explain it in the most satisfactory manner without previous investigation, as was the case when he promulgated his “views” on diabetes—first form an opinion, then *surmise* something to base it upon.

Yours, &c.

Chicopee Falls, Ms., May 15th, 1848.

J. R. WILBUR, M.D.

NOTES, NOTICES AND NOTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

WASPS and bees, according to Dr. Godman, have no brain nor nervous organization. And yet Bichat would seem inclined to think that they

have such. The fact that a wasp will sting, after its head is cut off, or it is cut in two, seems to support Dr. Godman. It is a matter of some medical interest to have these points settled, so far as relates to the existence of brain and nerves. And we know no one to whom we would refer the point, and be sooner satisfied with his decision, than the present Professor of Anatomy in the medical institution of Boston.

One *who blows a long trumpet without riding a sectarian horse*, is such a character as we wish to see mounted on the medical Pegasus.

There is sufficient authority derived from Dr. Channing, of Boston, in 1826, never to apply a blistering plaster to an infant.

The objection raised against chloroform and ether in subduing the pains of parturition, that it was decreed at the fall that woman *in sorrow should bring forth children*, has been adroitly met, by the fact that the Creator caused sleep to overcome Adam, before he took his rib to form a female.

There is nothing in the effect of these new agents that has impressed us with so much interest as a physiological view of them. This view goes to confirm what is said by our favorite author, Sir Charles Bell, *that what is commonly called a nerve, is far from being a simple organ ; and that, each nerve is composed of a number of filaments, each of which has its peculiar action.* The inhalation of these pain-subduing gases goes to confirm the postulate of Sir Charles, which assumes that on one nervous fibril depends *sensation* ; upon another *voluntary*, and upon a third *involuntary* motion.

In parturition, we are assured by Dr. Channing (and we need and can have no higher authority) that the pains are quelled, whilst the expulsive effects of those pains, in pushing forward the child, continue as vigorously as if the misery of the mother was not annihilated. Here we see a marked and striking difference betwixt gaseous inhalation and the swallowing of opium ; which to me is the most wonderful, and, physiologically contemplated, the most interesting and important, of anything connected with this prolific novelty. For, as a general rule, it has been assumed that one part of the human system cannot be seriously disordered without more or less derangement of the whole. In colic, will it suspend pain whilst vomiting continues, or will it subdue the emesis and not the pain ? or will it subdue the emesis and not the pain ? or will it control both ? Should cholera again pay us a visit, we shall await with much anxiety its effects upon pain, spasms, puking and diarrhœa.

Opium was termed by Dr. Boerhaave *the finger of God*. These pain-controlling gases may be called the breath of heaven.

The following extract, it occurs to me here to give, of which every reader will take his own views and make his own application. Mr. Curling says that, "Sir Charles Bell has beautifully shown, that sensibility is eminently essential to the preservation of the healthy condition of different structures ; therefore, however perfect the voluntary powers may remain, when the susceptibility to the impression of pain is lost, parts are commonly exposed to injury." As an example, we are told that when the nostril has lost its sensibility from an affection or division of the fifth pair of nerves, sneezing cannot be excited.

ARGUS.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 31, 1848.

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*Medical Meeting in Boston.*—This is the day for the anniversary meeting of our State Medical Society, one of the most interesting and joyful occasions known to the profession in Massachusetts. As the Journal is necessarily distributed before the organization for business, no notice of the meeting can be given to-day. Whatever transpires may be looked for next week. Medical strangers who happen to be in the city, will receive the civilities of the members and the hospitalities of the Society.

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*U. S. Naval Medical Staff.*—The Navy Register of the United States, for the year 1848, presents a catalogue of 68 Surgeons, 40 Passed Assistant Surgeons, and 37 Assistant Surgeons—making the small complement of only 145 for the whole naval service of this great republic. Without this official information, we should have supposed that several hundreds were in commission, as a matter of necessity, considering the number of government vessels, and their various positions at home and abroad. With the statistical tables before us, it really appears as though the number was too small to supply the various land stations as well as the floating marine.

It appears that of those in the medical staff, 29 were born in Virginia; 4 in Massachusetts; 17 in New York; 26 in Pennsylvania; 3 in Ireland; 10 in New Jersey; 14 in Maryland, and only one in Vermont. Virginians and Pennsylvanians have been most fortunate in obtaining commissions, or else physicians in the northern and other States are less ambitious for office. Of the whole, 7 are foreigners, which is rather surprising, when the fact is recollected that there can be no scarcity of native physicians in a country supporting about thirty schools of medicine, and graduating 1200 annually, of those well qualified to practise medicine and surgery.

The pay of naval surgeons is as follows. For the first five years after date of commission, waiting orders, \$1000 per annum; in navy yards and receiving vessels, \$1,250; at sea service, \$1,333 33; surgeon of the Fleet, \$1,500. For the second five years, when waiting orders, \$1,200; in navy yards and receiving vessels, \$1,500; sea service, \$1,600; surgeon of a Fleet, \$1,800. For the third five years, waiting orders, \$1,400; in navy yards, receiving vessels, &c., \$1,750; sea service, \$1,866 66; surgeon of the Fleet, \$2,100. For the fourth five years, waiting orders, 1,600; in navy yards, receiving vessels, &c., \$2,000; sea service, \$2,133 33; surgeon of a Fleet, \$2,400. For 20 years and upwards, after date of commission, waiting orders, \$1,800; in navy yards, receiving vessels, &c., \$2,250; sea service, \$2,400; and if surgeon of a Fleet, \$2,700. The pay of a passed assistant surgeon, waiting orders, per annum, is \$850; in navy yards and receiving vessels, \$1,150; and at sea, \$1,200. That of assistant surgeons, the lowest grade of medical officer in the navy, is, when waiting orders, \$650; in navy yards and receiving vessels, \$950; and at sea service, the same. Dr. Jonathan Cowdery, the senior surgeon, received



his commission January 1, 1800 ; and the next, in official age, is Dr. Wm. Tuck, commissioned May 15, 1800. Dr. Phinehas J. Horwitz, of Maryland, appears, by this register, to have been the last appointment, Nov. 8, 1847.

It may be gratifying to the personal friends, and of general professional interest, to know the present residence of many of the U. S. N. Surgeons now on shore, as well as the service-stations of many at sea.

Dr. M. G. Delany, at the Portsmouth Navy Yard, N. H. ; Dr. Wm. Johnson, Navy Yard, Charlestown, Ms. ; Dr. Wm. Wheelan, Naval Hospital, Chelsea, Ms. ; Dr. J. Vaugh Smith, Receiving Ship Franklin, Boston, Ms. ; Dr. Thos. L. Smith, Navy Yard, New York ; Dr. Thos. B. Salter, Rendezvous, New York ; Dr. Walter Smith, Naval Hospital, New York ; Dr. Jas. M. Greene, Navy Yard, Philadelphia ; Dr. Robert J. Dodd, Naval Asylum, do. ; Dr. G. R. B. Horner, Rendezvous, do. ; Dr. Henry M. Glendy, Rendezvous, Baltimore ; Dr. Wm. M. Wood, Receiving Ship Ontario, do. ; Dr. J. A. Lockwood, Naval School, Annapolis, Maryland ; Dr. Geo. Clymer, Navy Yard, Washington ; Dr. Z. L. Du Barry, Marine Guard, do. ; Dr. Geo. Blacknall, Navy Yard, Norfolk ; Dr. Thos. Williamson, Rendezvous, do. ; Dr. Wm. F. Pattan, Naval Hospital, do. ; Dr. Jas. Cornick, Receiving Ship Pennsylvania, do. ; Dr. D. C. M'Leod, Navy Yard, Pensacola ; Dr. Isaac Hulse, Naval Hospital, do. ; Dr. J. S. Wiley, Fleet Surgeon, Frigate Cumberland ; Dr. Robert T. Barry, Sloop Albany ; Dr. L. B. Hunter, Sloop Saratoga ; Dr. G. W. Codwise, Sloop John Adams ; Dr. Samuel C. Laurason, Sloop Germantown ; Dr. L. W. Minor, Steamer Mississippi ; Dr. J. D. Miller, Steamer Scorpion ; Dr. A. N. Bell, Steamer Vixen ; Dr. R. F. Mason, Steamer Scourge ; Dr. W. B. Sinclair, Steamer Iris ; Dr. S. G. White, Steamer Water Witch ; Dr. J. S. Messersmith, Bomb Vessel *Ætna* ; Dr. J. F. Harrison, Hecla ; Dr. A. J. Rice, Stromboli ; Dr. R. E. Wall, Vesuvius ; Dr. Jas. Hamilton, Store Ship *Fredonia* ; Dr. B. R. Mitchell, Sch. Reefer ; Drs. B. Ticknor and C. F. Guillon, Ship *Columbus*, 74, Pacific Ocean ; Drs. S. A. M'Creery, E. J. Bee and R. T. Maccoun, Ohio, 74, Pacific ; Drs. D. S. Green and Samuel Jackson, *Razee Independence*, 54, Pacific ; Drs. Edward Gilchrist and A. A. Henderson, Sloop *Portsmouth Pacific* ; Dr. A. J. Bomie and D. B. Phillips, Sloop *St. Mary's*, Pacific ; Dr. Maxwell, Sloop *Cyane*, Pacific ; Dr. A. W. Harris, Sloop *Warren*, Pacific ; Dr. J. Rudenstein, Sloop *Dall*, Pacific ; Drs. Daniel Egbert and J. L. Burt, Sloop *Preble*, Pacific ; Dr. J. J. Abernethy, Ship *Lexington*, Pacific ; Dr. J. M'Clelland, Store Ship *Southampton*, Pacific. The names of medical officers in the Mediterranean, Brazilian, African and East India squadrons, may be noticed hereafter.

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*Galvanic Spectacles.*—Mr. J. S. Paine, optician, of Worcester, Mass., has invented something new in the way of spectacles. He has constructed that part of the bows holding the glasses, and the bridge, of two metals, viz., silver and zinc—and he is confident of having thus achieved an important improvement by an uninterrupted flow of electricity, which he believes invigorates the eyes, and actually relieves them from a world of small physical annoyances, independently of waning vision. By touching the tip of the tongue on the nose-piece, an unmistakable sensation is produced, and a flash of light is instantly perceptible. Mr. Paine thinks that he feels a cool current constantly passing by the orbits, while the glasses are worn. Like a genuine Yankee, he secures a patent, of course ; and if the discovery equals his expectations, the millions of spectacle wearers of all countries will soon begin to pay tribute to New England ingenuity. The subject is one that should command the attention of physicians, since a new province for exploration is exposed to view.

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*Dr. Perkins's Address.*—Preparatory to opening the spring term of lectures at the Castleton Medical College, one of the Faculty, Dr. Perkins, made an address to the class, which appears to have been received with a warmth of feeling, exceedingly flattering to a public teacher. A man must have excellent qualities of heart, a good intellect, and exhibit a determination to be positively serviceable to the students, or he has but a



slight hold of their esteem. The author of this address, which was solicited for publication by the representatives of fourteen States, now in attendance at Castleton, has had so much experience that he may safely be spoken of as a veteran. It is a happy circumstance for him, that by the weight of his own character, and by the manner in which he has filled his professorial chair in the College, he can command, from each new class, their hearty greetings from year to year.

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*Lectures on Yellow Fever.*—John Hastings, M.D., of the U. S. Navy, has delivered lectures at Philadelphia, on the causes, pathology and treatment of yellow fever—a subject which has become hackneyed and stale all over christendom. Notwithstanding, it is both a privilege and duty to record and promulgate any truth that may have been gleaned, if a shade of hope exists of finally ascertaining the causes and the cure of that formidable disease. Not wishing to resuscitate the dry bones of controversy, we are disposed to be exceedingly brief in our observations, by merely saying that the author is unquestionably a close and careful observer, who manifests an honest desire to promote human happiness, by controlling the maladies to which mankind are subject. He does not believe in the contagiousness of yellow fever, and that one fact gives us confidence in his sound discretion. But there are whole brigades of physicians, were they mustered, who as much believe that yellow fever is contagious, as they are positive that Young and Old Physic have kindled a flame which is destined to increase and be perpetuated through coming ages. After a recital of the most common theories of the exciting causes of the fever, in none of which Dr. Hastings has a particle of confidence, he gives his own, which is this,—viz., “I feel perfectly satisfied, in my own mind, that there is but one cause capable of exciting this disease, and that cause is to be found in the malaria or exhalations from alluvial or marshy soil—and that, too, from marshes subject to periodic inundations and draining.” Messrs. Lindsay & Blakiston have published the essay very neatly.

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*History of the Bloomingdale Asylum.*—Dr. Earle, the physician of this excellent institution, has published a history, description and statistics of it, from the beginning. It is really a valuable document, admirably prepared, and in all coming time must be of importance to its future governors and officers, and to all others who may be interested in sustaining the Asylum. Dr. Earle is a methodical man, which gives additional value to his observations and conclusions. The eighth section, on the causes of insanity, embraces, it is presumed, the essentials of all modern discoveries on that point.

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*Influence of Cold on Longevity.*—Cold climates appear to be favorable to longevity. In Norway, of 6,927 who were buried in 1761, 63 had lived to the age of 100; and in Russia, out of 726,278 persons who died in 1801, 218 were 100 years of age, and 220 above it, of whom four are said to have been 130 years old. In the diocese of Aggherus, in Norway, there existed, in the year 1763, 150 couples who had lived together upwards of 80 years. Excessive cold, however, is prejudicial to long life;



in Iceland and Siberia, men attain at the utmost to the ages only of 60 or 70. Temperate climes are, however, most conducive to health and long life. There the human frame is more complete, the body more vigorous, the mind best formed, the passions best regulated, and man in every respect reaches, when well governed, the highest degree of perfection. The district of Arcadia, Ætolia, and other parts of Greece, were celebrated for longevity. More old men are to be found in mountainous and elevated situations than in plains and low countries.

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*Death from Air entering a Vein in the Neck, whilst inserting a Seton.*—This rare occurrence recently took place in London. The patient was afflicted with chronic laryngitis. After having been treated by leeching and blisters, Dr. Willis proposed the seton, which mode of counter-irritation he had found successful in other cases. Dr. W. states that he pinched up the skin about  $2\frac{1}{2}$  inches above the breast bone, and thrust in a seton needle, about the size of a common bleeding lancet, and armed with a strip of lint. It was not near the jugular vein or any other important blood-vessel. At the instant of its entrance, Dr. W. heard a slight, momentary, hissing sound, which proved to be the rushing of air into some small vein implicated in the operation. The man suddenly fainted, became rigid and convulsed, and although he slightly revived after bloodletting, so as to take a little wine and water, he died in about seven hours. An inquest being held, the jury, after consulting for a few minutes, unanimously returned the following verdict:—"Accidental death, from the entrance of air into a vein in the neck during an operation performed by Dr. Willis; but the jury cannot separate without expressing their opinion that such operation was cautiously and skilfully performed; and, as appears by the evidence adduced, the said operation was fully warranted by present practice."

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*Western Medical Convention.*—The Western Lancet, for January last, contains an article suggesting the propriety of a convention of delegates from Western Medical Colleges, to consult upon certain points of interest particularly to them, and to consider the propriety of adopting and carrying out the suggestions of the National Medical Convention.

The proposition, so far as we could learn, met with favor generally, and would likely have been carried into effect, but for the shortness of time between the notice and the time proposed for meeting. We, however, are not informed how far the call was responded to by the selection of delegates, except that the Faculty of Rush Medical College made such appointment; but we see many reasons why such a convention should be held, and no good reason against it.

West of New York and north of Tennessee, there are ten medical schools, viz. :—one at Lexington, and one at Louisville, Ky.; one at Cincinnati, one at Columbus, and one at Cleveland, Ohio; one at Laporte, Indiana; one at Chicago, and one at Jacksonville, Illinois; and two at St. Louis, Missouri; amongst which there is great want of uniformity in organization, requirements and policy.

There may be points of difference which the customs of the schools, and the expectations of the profession in the different latitudes of this district of country, may require to be retained. But if by meeting in con-



vention these matters could be so harmonized as to bring about uniformity in other respects, it would be a most desirable end attained.—*North Western Medical and Surgical Journal*.

*Extension of Lecture Terms.*—The last number of the Southern Medical and Surgical Journal contains a statement, which, in justice to the Medical College of Georgia, should be generally known. It is, that the Georgia College in 1832 was organized upon a six months' course of lectures, and for five successive sessions this plan was continued. Finding that the classes did not increase, in 1835 a circular was addressed to every medical college in the United States, proposing the adoption of the same length of term. No other institution, however, acceding to the proposition, the Georgia school reluctantly shortened its term to four months. We take pleasure in aiding to give currency to the foregoing statement, in order that the merit of priority in the matter may be attached to the institution to which it rightfully belongs.—*Buffalo Medical Journal*.

*French Medical Elections.*—The medical profession of Paris have just met with a flat refusal from the staff of the National Guard. The request made was, that the surgeon of the citizen troops should not be elected by the medical men and the officers of the different legions conjointly, but by the former alone, which mode of election the profession look upon as the only one in conformity with their rights. The following protestation is now, by the active exertions of the editor of *L'Union Médicale*, being numerous signed—"Whereas the decree which fixes the mode of election for the surgeons of the National Guard is an infringement of the right of direct election, which all citizens enjoy—whereas the medical body alone is expected to carry on their election by two degrees, the undersigned members of the medical profession declare that they will take no share in the said election, and that no one of them will accept the office of surgeon in the National Guard. Although refusing any official appointment, they will be happy, when occasion offers, to render every service in their power to their fellow-guards; but they cannot accept a mission, the elective mode of which is contrary to right, justice and professional dignity." This protest, to which a good many signatures are already affixed, will shortly be sent to the Provisional Government.—*London Lancet*.

MARRIED,—In Lowell, Josiah Norcross, M.D., of Fitchburg, to Miss Olive C., daughter of the late Thaddeus Spaulding, M.D., of South Reading.—Wm. C. Burke, M.D., of New York, to Miss S. E. Farrar.

DIED,—At Waterbury, Conn., Dr. Joseph Porter, 76.—At Easton, Md., Solomon M. Jenkins, M.D., 41.—Murdered by the Indians at the valley of Walla Walla, Oregon, Dr. White, of the missionary service.

*Report of Deaths in Boston*—for the week ending May 27th, 67.—Males, 37—females, 30.—Stillborn, 3. Of consumption, 17—typhus fever, 7—lung fever, 2—scarlet fever, 1—child-bed, 1—brain fever, 1—dysentery, 6—inflammation of the bowels, 3—convulsions, 4—teething, 3—infantile, 1—accidental, 2—old age, 3—dropsy on the brain, 1—disease of the brain, 1—disease of the spine, 1—disease of the heart, 1—croup, 3—pleurisy, 1—measles, 1—debility, 1—rheumatism, 1—leprosy, 1—hooping cough, 1—disease of the hip, 1—disease of the chest, 1—drowned, 1. Under 5 years, 18—between 5 and 20 years, 6—between 20 and 40 years, 20—between 40 and 60 years, 14—over 60 years, 9.



**Medical Miscellany.**—A general vaccination of all the schools of the city of Hartford, is now going on at the public expense.—Yellow fever has again appeared at Tampico.—Dr. John A. Salisbury has been convicted of counterfeiting, at Rochester, N. Y., the coinage of the United States, and sentenced to the State's Prison for seven years.—The ship fever begins to appear among the Irish immigrants arriving at the quarantine ground below Quebec.—Smallpox has again been introduced into Philadelphia, by an emigrant ship.—The deaths in London during the week ending April 29, numbered 966, the average being 943. Typhus is still prevalent, and scarlatina is likewise unusually destructive. The number of births for the week was 1511.—Smallpox has broken out at St. Johns, N. B., exciting alarm in every direction.—Amongst the wounded during the insurrection at Berlin, last March, was an army surgeon. The number of officers killed and wounded is proportionally enormous. Out of 17 soldiers and sub-officers killed, there were 3 commissioned officers who perished; and amongst 225 soldiers and sub-officers wounded, there were no less than 14 of their officers who received various injuries.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXVIII.

WEDNESDAY, JUNE 7, 1848.

No. 19.

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DR. SHIPMAN'S CASES OF INJURY OF THE HEAD, WITH REMARKS.

[Concluded from page 361.]

CASE VI. *Fracture of the Right Parietal Bone—Fungus Cerebri—Death—No Operation.*—Mr. ———, æt. 20, was wounded on the head by the limb of a tree falling upon it. The scalp was torn up, and the right parietal bone fractured and comminuted. A doctor was called, who picked out several loose pieces of bone, and dressed the head with some kind of poultice. No symptoms of compression followed, and the senses were unaffected by the wound. He took physic several times, and stimulating drinks were freely given him from the first. He went on in this way about four weeks, when a tumor began to form over the wound. Various stimulating applications had been made to make the wound heal, as the doctor said, from the bottom. This tumor grew rapidly, and the patient soon became feverish and incoherent. A surgeon of skill was now called, who found an hernia cerebri protruding from a laceration in the dura mater. He also found that the scalp had not been laid down over the wound, but kept open to let the discharges pass off, as the attending doctor said it was hazardous to cover up such wounds, until they healed at the bottom! The surgeon last called advised the cutting away of the fungus cerebri, and applying compression; and, as the patient had fever, to employ counter-irritation, alteratives, &c. But he was over-ruled by the doctor in attendance, and the friends of the patient, who preferred to have him cured by the stimulating washes, poultices and salves, and the tonics and stimulants that he was using. The patient continued growing worse from day to day, and finally died about six weeks from the time of being wounded, much to the astonishment of the attending doctor. He was paralytic on the left side some time before death.

*Autopsy, several hours after Death.*—Body much emaciated. Hair on scalp had not been shaved, and was six inches long close to the edges of the wound, which had made attempts to heal over. The hair was matted and foul with the discharges from the wound. The fungus had shrunk within the opening since death, and the brain was collapsed around the opening in the skull, which was ragged and uneven, some points being depressed, while others were elevated above the scalp.



On removing the scalp, it was found that the fracture extended but a short distance from the place where the wound was inflicted. One loose spicula of bone was found driven into the substance of the brain, lacerating the dura mater, and from this spot the fungus cerebri took its rise. There were but slight vestiges of this tumor, but the brain was broken down and softened to the depth of two inches, and to the diameter of three inches. There was no great evidence of meningitis, or encephalitis, except near the point of injury. But the most striking change was the collapse of the brain, which did not fill the cranium by an inch on the upper and lateral portions.

*Remarks.*—For certain reasons I have not given names or dates in this case; but the facts I had from the surgeon who saw the patient during life, and the autopsy I conducted myself, and the appearances are correctly noted. We had here a common case of injury of the head, badly treated. The patient lived several weeks under the most absurd and outrageously unskilful treatment that can well be imagined. With a spicula of bone goading the brain and dura mater, the patient did not appear to be in a very desperate condition. There was no profound coma or violent delirium, and the paralysis did not occur until the hernia cerebri had come on, some weeks after the wound. This was caused, no doubt, by leaving the spicula of bone in the brain, and by the improper and unskilful manner of dressing the wound. It was one of those cases where the injury fell on a small portion of skull, unattended by general concussion as is the case where a large and heavy body strikes the head, or the patient falls from a height, when the injury is liable to take place at the base of the skull, or at a distance from the place where the blow was received. If the spicula of bone had been removed carefully, the scalp laid down, the hair shaved off, adhesive plaster and light dressings applied, and the dressings left undisturbed for fifteen days or more, the patient in the mean time being kept on low diet, and inflammation promptly met, as it supervened, it is probable that no hernia cerebri would have come up, nor the patient have died.

It is not often that the quack trespasses to any great extent on the domain of surgery. The disastrous termination of cases like the last mentioned, will be seen and appreciated by the most ignorant, as a general thing; but there are occasionally persons so thoroughly imbued with the spirit of opposition to everything pertaining to the regular profession, as to trust even a serious wound of the head to the care of these ignorant harpies. One case in point, which occurred in the State of New York some two years ago, will illustrate this kind of individuals. A healthy boy, aged about 14, was kicked by a horse. The blow wounded the scalp, fractured the skull, and depressed a small piece of bone. The father of the boy was one of those beings who are opposed to everything belonging to the regular and established order of things, in religion, politics and medicine. Instead of sending for a surgeon of skill, several of whom lived within a few miles of him, he took pains to send off a great distance for a Thomsonian. The doctor came, said the wound was of no kind of consequence, that he must be steamed, take lobelia and



cayenne, and be kept under stimulation to keep off cold. The poor boy endured all this for several days without any very alarming symptoms; but he finally succumbed to the treatment, and became feverish and slightly delirious. The steamer either getting tired of the case, or being obliged to leave, a surgeon was reluctantly sent for. He found a depressed piece of bone, and coma; and on trephining the boy, found coagula of blood beneath the bone. But inflammation had already set in, and in a few days the boy died. The father and the steamer now say that the surgeon killed him. It is strange, indeed, with what tenacity such men hold on to their prejudices. This same individual, a few years ago, had a brother, who had retention of urine, and he tried all manner of roots and herbs for three or four days, to no purpose; not a drop of urine could he get. Here was a quandary that he could not get out of. Finally I was sent for, introduced the catheter, and relieved the patient at once. The brother kept on with his steaming, and roots and herbs, the man had no further trouble, and he said that the steaming was what cured him, giving no credit to the catheter whatever. Such individuals are certainly incorrigible.

CASE VIII. *Fracture of Skull—Symptoms of Compression—Operation of Trephining—Puncture of Dura Mater—Discharge of Serum—Recovery—Epileptic Convulsions.*—On the 7th of August, 1846, I received a summons to visit a son of Mr. Joseph Prindle, of Spafford, Onondaga Co., N. Y., aged 27 years, who had fallen from a load of barley which he was carting in the field, on the banks of Skaneateles Lake, the day before. The horses and sleigh passed over him, and he was taken up insensible and carried to the house. Dr. Collins of Sempronius, and Drs. Babcock and Maxon of Scott, were called immediately to his assistance. It was decided by these gentlemen that an operation would be necessary. I was sent for the next day, and arrived there at 4, P. M., twenty-four hours from the injury. I found him in the following condition:—lying on the bed, in a heavy stupor; breathing slow, heavy and regular, with stertor occasionally. If he was touched about the head he would writhe, groan and mutter to himself, throwing his arms and legs in various directions; but on letting him alone, he would at once relapse into stupor. He had been bled once in the course of the night. His pulse was full, strong and regular, and the skin hot but bathed in perspiration. There was a wound on the forehead, a little to the right of the median line. This wound exposed a portion of bone, with a small capillary fissure traversing it. After consultation, it was agreed that some compressing cause existed within the cranium, and that the most likely place to find or reach it was to perforate the skull where the injury was inflicted. The mother of the young man was greatly opposed to the operation, so that we did not proceed to it until near dark. It was necessary to enlarge the wound in the scalp, by making an incision in the form of the letter V, when a portion of bone was exposed; a large sized trephine was applied, and a disc of bone removed, including the fissure through its centre. No blood was found beneath the bone, or anything which could give pressure. The piece of



bone being quite unequal in its thickness, the dura mater was perforated slightly at one point, through which a little serum escaped, especially when the patient struggled. As we found nothing so far that could account for the coma, it was suggested that the dura mater be punctured. For this purpose we retired a few minutes for consultation—there being five physicians present. Three were in favor of the operation, and two opposed. I was myself in favor of puncturing, and it was done carefully, with a sharp-pointed bistoury, after pinching it up with a delicate pair of forceps, to avoid wounding the brain. There was a profuse discharge of *serum*, tinged with blood, which continued to flow for some time, until we judged that a tea-cupful or more had passed away. When the patient moved or struggled, it gushed out with a jet. It was judged best to dress the head, which we did by laying down the scalp, and applying adhesive plasters, with a compress of linen, and a night cap over all. The patient, who struggled much during the incisions in the scalp, did not manifest any particular signs of being relieved of the pressure, except that he sat up on the side of the bed after the dressings were applied, but talked incoherently. He was placed in bed, with his head elevated, the room ordered to be darkened, a cathartic of calomel given, and a full bleeding directed next morning if the pulse should indicate it, or any signs of inflammation should come on.

I saw no more of this patient, as I lived several miles from him, but learned from one of the attending physicians, several weeks after, that he lay in a semi-stupid state for a few days, the bloody serum continually flowing from the head. Very little fever followed. Some delirium was also kept up for a few days, when it gradually went off, the wound healed entirely, and he recovered his health in a great measure. In October, three months after his injury, I learned that an epileptic convulsion suddenly seized him, but by appropriate remedies he recovered from the attack.

*Remarks.*—If this patient should remain well, and a permanent cure attend, it will be one of the most interesting cases on record. As it now stands, it is a remarkable one in several respects. The most inexplicable feature is the presence of such a quantity of serum in the cavity of the cranium. How did this take place? Was it there previous to the injury? or did it supervene after that event? It certainly appears quite contrary to our ordinary notions of pathology to find effusion, as the result of inflammation, in so short a period after an injury. Ordinarily we find inflammation commence about the third, fourth or fifth day after injury of the brain or its meninges, and effusion at a much later period. Could this have been present before the injury? This was suggested by one of the medical gentlemen present; but I am satisfied that this was not the case, because he was tolerably well up to the time of the accident, although he had complained of severe headache and some fever. It was also suggested that the bloody serum might be that which had separated from a coagulum of effused blood beneath the dura mater. But that was not probable. I believe it is not usual for blood effused into the living tissues, to separate in this manner; be-



sides, this kept up discharging from the opening in the dura mater for several days, indicating its source from the membranes. This case also proves that in some cases we may penetrate the cranium, and discharge serous fluids where they are known to exist, with some prospect of a final cure. On the whole, I think this effusion occurred within the twenty-two hours from the time of the accident to the period of the operation. Cases are related where blows on the testicle have been followed, in a very few days, by a large quantity of effused serum into the tunica vaginalis. From analogy, we may infer the same result in some cases from a blow on the head.\*

**CASE IX. Injury of the Head from falling on the Ice—Epileptic Convulsions.**—A son of John Smith; of Homer, in this county, aged 17, fell on the ice in December last. His heels flew up, and he struck the back and upper part of the cranium on the ice with much force. The concussion was severe, and it was with great difficulty that he got into the house. He was delirious through the night, with a high fever. Dr. Bradford was called, who bled him, and gave him some appropriate medicines. In a few days he got about, but pain in the head, with bad nights, continued. I saw him, in consultation with Drs. Bradford, Browne and Green, of Homer, March 10th, 1847. He was in a stupid state, and had recently had epileptic convulsions. His nights, since the fall, had been restless, with troublesome dreams, and occasional fits of delirium. A semi-paralytic condition of the arm also existed, with rigidity of the muscles of the arms and trunk. His pulse was 110, tongue coated, appetite poor, bowels obstinately costive. Examination of the head detected a tender spot over the superior portion of the occipital bone, of the size of the palm of the hand. This spot, he said, was the seat of the blow, and had been tender and painful since. On making pressure with some considerable force, over the spot, and feeling the pulse at the same time, a marked irregularity was at once perceived. It would intermit and become unequal both in force and regularity. This was so striking a symptom, that it was noted by most of the medical gentlemen present, as a curious circumstance. His pupils were dilated more than natural, and he saw at times muscæ volitantes. The consultation was for determining the propriety of an operation for the relief of the symptoms, which had been suggested by one of the faculty. As no very efficient treatment had been put in force recently, it was resolved

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\* Mr. Prindle died December the 12th, four months after the injury. These sheets, with the exception of one of the cases, were written at Laporte, Indiana, and Mr. P.'s death was not known to me until since my return home. The *particulars* of his case I have been unable to obtain, but I understood that epileptic convulsions attended; and finally paralysis of the left side, coma and convulsions, closed the scene. It is to be regretted that no autopsy was made.

There was much speculation among the medical gentlemen, as above observed, on the subject of the effusion in this case, whether this was present before the accident, or was suddenly formed after that event. It is my opinion that the blow on the head was the cause of the effusion, by producing an action peculiar to itself in the secretory vessels of the meninges. Was this secretion the result of inflammation, thus suddenly set up in the part? Some cases have recently been reported in the American Journal of Medical Sciences, by H. H. Smith, M.D., and Samuel Jackson, M.D., formerly of Northumberland, where enormous quantities of effusion took place in the tunica vaginalis and pericardium in the space of a few hours. The case of Dr. Jackson, in particular, is analogous, where a sudden effusion came on, and was mistaken for strangulated hernia, and the operation was performed under that impression.



to shave the scalp over the tender spot, apply cups repeatedly, then ung. tart. ant., until a crop of pustules came out ; at the same time an alterative course to be entered on, and pursued until some impression was made.

April 20th.—The patient began to improve at once under this treatment, and is now convalescent. If anything unusual occurs hereafter, I will report it.

CASE X. *Injury of Head—Amaurosis—Epilepsy.*—Chester Phillips, æt. 50, received a blow on the left side of the head five years ago. Severe concussion followed, with partial paralysis of the left arm, and amaurosis in right eye. The palsy of arm partially subsided in the course of two years, when he began to have epileptic convulsions. These have continued at intervals ever since. Six months ago, the left eye began to fail, and now the vision is so imperfect as to confine him to the house ; muscæ volitantes, double objects, perverted images, flashes of light of various colors, distortion of all objects that he can imperfectly discern ; as for instance, the sides of his room appearing like immense walls of gray stone work around him, and at times everything appearing covered with prismatic colors, varying and changing almost continually. The pupil of the right eye greatly dilated and immovable, the left contracted ; his general health tolerably good ; a sensation as if blood rushed to the brain. A careful examination could detect no tenderness of the scalp, or depression in the cranium, or any clue that would point out the precise seat of the injury. The blow which he received left no marks on the scalp to indicate its location. My treatment consisted in cupping the temples, and the insertion of a seton in back of the neck ; active purgation, low diet, and the cold shower bath. Some little mitigation of the symptoms was the result ; but not so striking as to warrant any long-continued course of medication, and I discontinued my visits.

*Remarks.*—This case is only valuable in showing us the long continuance and the obstinate and persistent character of a disease kindled up within the cranium by a blow on the head, without in all probability doing any injury to the bone. How long this case may go on in this way, without fatal organic lesion of the brain, remains yet to be seen. As to his recovering his eye sight, or his health, I think there is no probability of his doing so. One symptom that I omitted to mention, and one that confined him to his room most of the time for the last six months, was a rocking, undulating motion of everything around. When he went out into the street, or even about the house, the ground seemed moving around him like the waves of a rolling sea. This annoyed him greatly, and produced nausea and vomiting unless he kept perfectly still and quiet. The precise pathological condition of the brain, existing here, must be partially conjectured. Probably there exists some slow, insidious form of inflammation, that is gradually changing the tissues, and impairing the functions of the brain and nerve, and that will in the end prove fatal. (March 19, 1817.)

CASE XI.—*Fracture of Cranium—Trephining—Recovery.*—A son of Mr. Buel Kinne, æt. 9 years, was kicked by a horse on the 23d day



of May, 1847. The cork hit him on the left side of the os frontis, an inch above the superciliary ridge. He was picked up by his father, who saw the accident, and carried into the house in a state of insensibility. He vomited almost immediately on receipt of the blow. He remained in an insensible state for two hours, cold, pale, and countenance sunken. I saw him in four hours after the accident, in company with Drs. Ruddock and Lee. He had partially regained his senses, but was dull and torpid. Skin had become warm, and a re-action was coming on. On examination of wound, found scalp cut with cork, and a fracture of bone, with depression of a piece three fourths of an inch in depth. On enlarging the wound by an incision in the scalp, I found a piece of bone depressed the size of the cork, perhaps five-eighths of an inch in diameter. I endeavored to remove it with forceps, but its size—being larger than the opening in the skull—would not permit it. A trephine was then applied at once, and a piece of bone removed, which enabled the depressed portion to be taken away without fear of lacerating the dura mater. The piece depressed was the whole thickness of the cranium, the size of the cork, and twice the size from the inner table, which prevented its removal without the application of the trephine. As soon as the bone was removed and a small quantity of coagulated blood taken away from the surface of the dura mater, he came fully to his senses, and conversed rationally. The scalp was laid down and dressed with adhesive straps, and a night cap put on ; his head was elevated, the room darkened, and a cathartic given.

From this time it is unnecessary to detail the progress of the case, as he recovered without an unpleasant symptom. No fever or headache followed. He was clamorous for food every day, and also wished to get out of doors to play. I let the dressings remain on for two weeks, and when I removed them healing was perfect throughout the wound.

*Remarks.*—This was a simple case of fracture, without disturbing the cerebral mass to any great extent, in consequence of the blow being of that description where the injury is confined to a small extent of skull. No general concussion or violent agitation of the brain can take place in this description of injury. You see at once the whole extent of it. The base of the brain is undisturbed, and the middle portions do not suffer. Hence this class of injuries are far less dangerous than others. The application of the trephine here was demanded by the symptoms of compression that were present, as well as for the prospective good in removing the loose piece of bone that would otherwise in all probability have caused disturbance at some future time.

**CASE XII. Fracture of Cranium—Recovery, without Operation.**—Miss S., æt. 19, was thrown from a carriage, by the running away of a horse, June 25, 1847. She struck on the curb-stone, and a wound was made by the corner of a post, above the right superciliary ridge. Another lady in the carriage was thrown out also, and severely bruised on her back and limbs. Miss S. was taken up entirely insensible, and carried into a public house near by. I saw her in about an hour after the accident, and found her in a stupid condition. She had vomited a short



time before my arrival. On examination of the head, I found a wound of the scalp over the frontal bone, on the left side. It was small, but extended to the bone. I enlarged it a trifle to examine the bone more perfectly. A fracture was distinctly visible, with slight depression of one side. She was cold, and the pulse small and weak. In a short time, however, she became warmer, and the pulse more full. This was near evening. In the course of the night re-action came on, and venesection to sixteen ounces was performed. She has regained her senses in a great measure, but there is numbness of the left arm, and inability to articulate distinctly—also headache, flushed face, and the right eye closed by ecchymosis.

June 27th.—Fever; pulse strong, full and hard; left arm very numb, with an inability of using it. Venesection to twelve ounces, with relief. Cathartic of calomel, and comp. ext. colocynth. Cold to head, which is elevated, and the room darkened.

28th.—Headache and fever continue. Gave calomel as a cathartic, and continue cold to head.

It is unnecessary to continue the daily report of this case. The fever gradually subsided in a week's time, the arm regained its natural sensation and motion. The ecchymosis went off from the eye, and I dressed the scalp in ten days from the accident, when it was perfectly healed.

*Remarks.*—This girl was strong, robust and plethoric. The injury produced severe concussion, and there was probably some slight effusion, either beneath the part injured or more deeply seated. No inflammation followed, and she recovered perfectly, and has been quite well ever since. If there was effusion of blood, it was absorbed most probably; and that, too, in a very short time.

*Cortlandville, N. Y., April 27, 1848.*

#### TYPHUS AND DYSPEPSIA.

[Communicated for the Boston Medical and Surgical Journal.]

It was the observation of one of the best physicians which New England ever produced, that "he who could treat a typhus fever well, could treat any disease." This was the shrewd remark of a close observer of nature; and it is true that typhus is associated, in its various victims, with all that varied condition into which the human system may fall, whether it be that which is brought on by any of the diversified forms of intemperance, or any other derangement, not caused by sins against *bonos mores*, but by sins against the laws of hygiene—laws which may easily be shown to be as little understood as the laws of the Lunarians, although much prated about by sciolists both within and without the profession. With such varied complications, it was well said that he who could treat typhus well, could treat any disease well. The individual alluded to doubtless did not mean that he who could, by placeboes and pretence, by seeming to treat when he was doing nothing, who could best succeed in hood-winking his patient and his friends, could treat any



disease well ; for that would be a mockery. But he meant that whoever could unravel the complications of typhus, and treat the patient, as one may say, on its own merits, might also unravel and treat, on its own merits, every other disease to which man is liable ; and surely that will be acknowledged to be true, by considering that the gravamen of all other diseases depends on this complication. Is the complication that which bears the name of dyspepsia ? This comes in typhus, and is one of its most severe complications, and is one that oftenest renders the disease fatal. How large a portion of those who die, labor under some form of this complaint ; and in extreme cases how hopeless of a favorable result is typhus, when it attacks such victims—and to treat it, you must resort to some course more efficient than a change of air, diet and exercise—a treatment, which never cures except by mistake, or more properly, inadvertently, and this without the procuring of the medical adviser, and often without his knowledge. When this state of things comes, then, with typhus, or rather when typhus comes upon this state of things, the ordinary palliatives are out of the question, and the dyspeptic condition ought and must be treated—as in every case of pure dyspepsia it should be treated, if we would not have the victim of it go mourning all his days, his life embittered with ill health. This was the type of dyspepsia, and this is its history—and to relieve it in its simple state, or in the complicated one of typhus, requires more knowledge and skill than the profession now generally possess. \* \* \* \* \*

WOODBIDGE STRONG, M.D.

## INVOLUNTARY NOCTURNAL EMISSIONS IN A MARRIED MAN.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case was rather interesting to me, and owing to its *rarity* I thought it might not be uninteresting to some of your numerous readers.

Mrs. S. came to my office a few weeks since, to consult me in regard to the health of her husband. After a fair show of modesty, and a good deal of side-wise talk, she told me that her husband had been subject to involuntary nocturnal emissions ; that his health, of late, had become quite poor. She says that he is getting to be irritable and dejected. Much of the time he cannot work ; thinks he shall soon be obliged to go to the almshouse, if not to the insane hospital. After making all the inquiries which delicacy would allow, I prescribed for him a vegetable diet, light suppers, a cold bath at night ; to take a small blue pill every third night, to be followed in the morning with sulph. magnesia, also tinct. lytta, thirty drops three times per diem.

In about ten days I heard by Mrs. S. that my patient was decidedly better ; the “drops had had a wonderful effect.” I told Mrs. S. that her husband must not think of a perfect cure unless he was willing to consult me personally, and thus enable me to make further inquiries into the case. In the course of a few days my patient called to see me.



He is a moral, and, in many respects, an intelligent man. Has been married about ten years; has one child, 2 years old. Was never troubled with seminal weakness until within two years. At that time he came to the conclusion that sexual intercourse was decidedly injurious to his health, and must be entirely abstained from, at least for the present. Whether my patient came to this sage conclusion by reading the writings of Graham, Alcott, or some other misanthrope who would deprive mankind of half the luxuries and many of the pleasures of life, I do not know; at any rate, his mind was made up, and neither the promptings of nature, nor the solicitations of a virtuous and lovely wife, could dissuade him from his purpose. I had but little difficulty in making my patient understand the nature and cause of his present troubles, and of proposing to him a plan of treatment which I think will be highly beneficial and equally satisfactory to himself and his anxious partner. All the fear I have now is, that the remedy will be repeated oftener than I suggested. Let me say, in conclusion, that Mrs. S. called at my office yesterday, appeared cheerful and happy, and had nothing to say about the health of her husband.

J. D. MANSFIELD.

*South Reading, May 25th, 1848.*

#### SANITARY RETREAT IN FLORIDA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Founded upon the impressions of truth and sentiment, we consider it far better for us to be employed in maintaining the localities of our country, and developing its resources, than to be branded as a sycophant slave, to an argument of the most ridiculous and presumptive nonsense. In reply to the absurdities of the anonymous gentleman, who has thought proper to cross our path, we shall not respectfully confine ourselves to narrowed limits, as regards his honorable self—though he may be as “eminent” as Humboldt, and as hoary as the venerable patriarch of the tribes. When men attempt to fan the flame of local prejudice, and hide themselves under the masked friendship of personal motives, to sustain their partial views, we do not think them entitled to any respect. It seems, by the drift of the gentleman’s language, that his great and most potent self has decided that Cuba is the most favorable and salubrious climate for our invalids—superadding every comfort for their welfare, and offering facilities in access, accommodation and cheapness, suitable to the exigencies of all. Now, Mr. Editor, we cannot blame a hired satellite, or purveyor, for obeying the injunctions of his master, and acting for his interest; allowing the principles which guide him, are not seducingly corrupt. But in this case, we have the most unwarrantable abuse of every honorable intention; as it is well known to all that there is not a more expensive place in the universe, than Cuba, for no suitable accommodations for the invalid can be obtained for less than from \$2,50 to \$3,00 per day, and those accommodations not without some objections.



We have no doubt of our friend being a pure philanthropist, as is shown by those beautiful and humane remarks, in the caricature of the "fifty miserable consumptives, who crawled out to sun themselves at St. Augustine." In animate nature, Mr. Editor, there is another kind of animal, that "crawls out to sun itself," and although unlike the poor unfortunates referred to, it can be strictly compared with this illustrious hero of Cervantes, who has aimed such a supposed death-blow at our "project."

In the annexation of Cuba, and the "star and stripe" idea, our philosopher seems to operate in a very limited sphere of Americanizing the "Island," by seducing invalids to its "expensive and luxurious establishments." His intellectual stamina is represented on a broad scale, when he directs his artillery of abuse against the southern portions of our country, and their institutions, to satisfy the cravings of a morbid appetite of the fanatical few. We should have advised him to better policy in his local sentiments, if he wished to be successful in supplying his friendly landlords with customers. As certainly he must be extremely ignorant of the place which he is advocating, if he is not aware, that more than two thirds of the Americans that visit Cuba are from the South, or what is termed the "slave-holding States." Florida—"its slavery"! this is too rich; for if our hero, in the application of this term, intended to secure a little more sympathy in behalf of his favorite scheme, it seems to be just about as inconsistent as the taking of the Moro-castle, with a corporal and ten men; as every one knows that the mild treatment of the slave, in our southern country, is not to be compared with his abusive and rigid treatment, and the accursed slave traffic, in the Isle of Cuba. This attempt to prejudice the minds of the people in his favor, seems to be a total failure; and we would advise him to hunt up some other tirade, wherein his brain would not be seen beating a retreat, from practical sense and sound reasoning.

Again, our caterer does not seem to have even satisfied the American residents of Cuba, in his superfluous and momentary effulgence of sentiment, when the invalid is heard to declare, "that he met with more advocates in Cuba, for a sanitary retreat in Florida, than in any other place which he visited." The high-minded and well-educated Spanish gentleman, is endowed with too much good sense to tolerate and foster a traitor in the bosom of his country. Therefore, by an expressed feeling, of that which is natural, our friend's position will be rather untenable, if he designs any future visits to the great island. And when this devoted loyalist is expatriated from his favorite haunt, we will receive his "eminent" self into our sanitary retreat in Florida, where we will feed him on the "milk" of human kindness; with occasional doses of the more delicious beverage, the "milk of cows," which is more applicable as a nutritive support for such juveniles.

"The meanness and penuriousness of the southern hotels, the villainous climate of Charleston," are familiar terms with this writer, to say nothing about the "want of covered carriages," which our delicate and aristocratic personage has attached to his leading strings of imputation. There are men, Mr. Editor, who will advocate anything, as a



matter of local interest ; and is there a greater profanation to the sacred name of benevolence, than when we seek to invest ourselves with its heavenly mantle, as a cloak to our purely selfish purposes. Would not common sense dictate to us the utter impracticability of Cuba becoming a resort for our invalids. Aside from every other objection to this place, the very idea of the enormous expense to be incurred, comparatively with that of Florida, would be a hindrance to at least seven eighths of those who would wish to enjoy the benefit of a mild winter climate. The gentleman has presented us with a very anomalous case of " Prof. C.'s widow, of West Point," accommodating boarders for \$7,00 per week. If such a house exists in the Island, we would ask of those who are intimately acquainted with Cuba, what kind of accommodations and fare could be afforded for such a limited price. This seems to be consonant with the views of our erudite friend on the impracticability of easy access to Florida ; which is too ridiculous to refute, as no one can be so ignorant of the internal navigation of his own country, as not to know that there is direct communication by steam.

The most remarkable demonstration of our classical genius, is his melancholy quotations of Latin, from grave-stones ; and something about a great man of the Commonwealth. We are willing to pay a tribute of respect to the illustrious dead—but we are not always willing to see their memory profaned, by a self-righteous Pharisee, who advocates scenes of dissipation as a diversion and moral attraction for invalids.

Now for the most melancholy part of the whole matter. It is in reference to the poor " young man, who went down to Florida for his health, was benefited, returned home and made his maiden efforts at the press " in vindication of the climate of his country. For this sacrilege, our virgin hero was " objurgated," cursed, and sent to the valley of darkness, as an awful and exemplary punishment for his horrid crime. What a walking spectre he must be, if he yet survives, shrouded in darkness, and doomed to wander among the self-righteous with such a stain of sin upon him, that all the " milk " in Florida could not purify nor wash it out.

If we understand our friend right, the attractions of Cuba are, its theatres, its pretty women and unique men, the Roman churches, narrow streets, beautiful saloons, and national amusements in general, excluding the vulgar idea of cock-fighting. We shall not introduce any objections to these attractions, which seem to be particularly suited to the taste of our friend ; as a matter of sympathy, he should be indulged with his " milk," wherever he can find it.

The very philosophical remarks on climate and adverse latitudes, appear to be another favorite theme of our writer. We shall pay no more attention to his old exploded doctrines, than to say that however divided the medical profession may be in the selection of a suitable winter retreat for consumptives, the highest authority of our country, from personal experience, has fully proved the superior effects of a climate which requires woollen clothing, to the pernicious atmosphere and debili-



tating heats of Cuba, that hasten decay by the softening of developed tubercles, and predispose to hemorrhage.

The most amusing part of our friend's soliloquy, is the placid and self-conceited satisfaction that he seems to enjoy, at having crushed and withered all our hopes, by his immortal and learned production. He will have reason to be convinced to the contrary of this, before we are done with his precious self; as there are more voices than one to speak on this subject, before it is perfectly "cicatrized." Then we are informed, by our historian, that the "project of a house for invalids in Florida, has been broached for twenty years." This speaks well for the climate. But further, "Our good citizens know better than to pay their money for such purposes." Ah! there is the rub; and a very moderate genius could penetrate the design, in striking at what he thinks to be the main root, and support his selfish locality, by accumulating hostility to the enterprise from the ranks of those who may have been solicited to aid in a pecuniary point of view. As this will not have the intended effect, we would advise our friend to shift on another tack, and see if he could not fetch a more eligible point in support of his favorite hypothesis; always bearing in mind, that the more you persecute a good cause, the more you aid it.

As regards the idea of the thirty or forty chronic cases, in such a hotel, with their favorite Drs. A. and B. abroad, it is all hydrogen gas, in our estimation; as a good supply of "milk and covered carriages" will quiet all the fastidious cravings of those who are disposed to find fault.

We have just received a letter from C. N. Brush, Esq., of Palatka, stating that he "is daily receiving letters from various persons abroad, with anxious inquiries to know when the house will be completed for their accommodation." We will inform those who may be misled by such unprincipled perversion of the truth, as was lately published in the Journal, by an unknown writer, that such a house as we are advocating will pay well, with superior accommodations to the first hotels in Cuba, and at half price for board. And every candid mind can judge of the feasibility of the plan, and of the preference of a rural retreat in our own country, with its carriages, boats, music, and good table, to the risk and expense of a visit to Cuba, where so many have breathed their last.

Our friend has now had our opinion for what it is "worth." And if he is the oracle which speaks the sentiment of the medical profession in Boston, we cannot expect from them much reciprocity of feeling in the enterprise in which we are engaged for the benefit of *northern invalids*.

Portland, May 24th, 1848.

AUGUSTUS MITCHELL, M.D.

#### SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE SOLUTION.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a former article, I stated my intention, of detailing, as leisure served, a limited number, from a numerous collection, of cases in which



the advantages of my new method of dressing wounds had been amply demonstrated. In continuation of those contained in my first report of cases in your Journal of April 19th, I transmit the following, which occurred some four or five months after my original application of the new agent to surgery.

Omitting many intervening cases of secondary importance, I will select, as the third one worthy of record, an operation performed by Dr. Whitney, June 1, 1847, for the removal of a tumor of the dermoid texture, situated near the right trochanter major. It was of the species described by Warren as the keloides of Alibert, and the subject of it a female, æt. 56. About two years since, a product similar to this had been removed from her right shoulder; some three or four months subsequent to the removal of which, this latter was for the first time noticed.

In its general appearance it resembles very closely the cicatrix of a burn. Its surface is slightly red and elevated above the surrounding skin. Numerous vascular processes may also be seen shooting out from it in different directions. It manifests no particular tendency towards ulceration; still it is somewhat sensitive to the touch, and sharp pains occasionally lancinate through it.

Dr. Whitney performed the operation by embracing the tumor within two elliptical incisions, extending sufficiently far into the sound skin to ensure its entire removal from the subjacent tissues. The bleeding having been arrested, it was dressed with the "adhesive solution," in the following manner. The edges of the wound being placed in exact contact, I applied the solution with a hair pencil to the surface of the skin, commencing at one extremity of the wound. This in a few seconds becoming thoroughly dry and adherent, I continued the application the whole length of the incision, the lips of the wound being sustained during this time in their proper position by manual aid; when after applying several coatings to ensure permanent contact, the patient was placed in bed without any further application, directions being left to apply freely cold lotions to the part, without fear of interfering with the adhesion of the dressing.

On visiting the patient on the succeeding day, the "solution" was found to have admirably answered the purpose, the patient not having experienced the slightest inconvenience. Feeling herself perfectly well, she expressed a desire to be allowed to go out. This was assented to, but as locomotion would cause considerable contraction of the muscular fibres in the neighborhood of the incision, it was thought advisable to still further strengthen the support of the integuments by narrow strips of tape, which were attached by the "adhesive solution" on both sides of the incision, which dressing was found on the fifth day to be perfectly adherent, unirritating to the skin, and unaffected by repeated ablutions—qualities not possessed by any other known method of dressing.

The fourth case which I will mention affords an exceedingly novel application of the new "adhesive solution," and its superiority in the treatment of similar cases.

Mr. H., aged 33, was attacked, June 6, 1847, with a violent inflamma-



tion of the right testis. Its increased size and weight, which had caused an exceedingly painful dragging sensation along the cord, had already suggested to the patient the idea of supporting the testicle by means of a temporary suspensory bag. This, however, did not exempt him from maintaining a recumbent position and perfect rest, as every movement of the body or limbs caused extreme suffering. From the well-known benefits of equal compression in such cases, it was suggested that the "cotton solution" should be applied so as to form a solid encasement over the whole scrotum. This was effected in the following manner:—The hair having been previously removed, a thin layer of the "solution" was painted over the parts by means of a hair pencil. Its first application was followed by some pain, owing to the morbid sensitiveness of the parts. The rapid evaporation of the ether by which the gum is held in solution, soon left the whole organ encased in a layer of transparent tissue firmly adherent to the skin, and by its contractile properties reducing the size of the enlarged testicle fully one third.

In two other cases of orchitis the mode of application has been varied in the following manner. A sufficient number of strips of cotton cloth being prepared, from half an inch to an inch in width, the end of one of the strips is thoroughly moistened and immediately attached to the perineum; the solution becomes dry in a few seconds, and the testicle is then snugly compressed by gradual tension. The other extremity of the strip being moistened in the solution, is attached to the abdomen an inch or more above the pubis. This process should be repeated until the whole scrotum is completely encircled.

Complete support to the testicle is thus obtained, which gives great relief to the patient, and tends to promote rapid absorption.

*Dedham, May 3, 1848.*

JNO. PARKER MAYNARD.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 7, 1848.

State Medical Society.—A bright morning sun, on Wednesday last, gave promise of a pleasant meeting, which was fully realized. Having gone through the regular business of district election of Counsellors, which generally excites much less interest than it should, some minor matters were brought before the meeting, and at 1 o'clock Luther V. Bell, M.D., delivered a discourse on *ventilation*, which embraced a series of facts and philosophical suggestions, of the greatest importance in regard to public health. It is to be regretted that the Legislature of Massachusetts could not have had the benefit of this excellent and learned lecture, at the time they rejected a very modest effort of some of the representatives to give the General Court the advantages of a pure atmosphere, while they were last in session.

Nearly four hundred medical gentlemen dined together at a spacious hall on Hudson street, instead of Faneuil Hall, as previously announced. The entertainment was elegant, and satisfactory, we believe, to all present. The following is a list of the Counsellors chosen :—

- Essex South.*—Drs. A. L. Peirson, Geo. Choate, A. Story, J. Lamson.
Essex North.—R. Longley, R. S. Spofford, R. Herbert.
Worcester County.—S. Batchelder, E. Flint, C. W. Wilder, P. T. Kendall, Benj. Pond, J. Green, B. F. Heywood, J. G. Metcalf, J. Stone, T. R. Boutelle, C. C. Field.
Berkshire Co.—R. Fuller, A. G. Welch, H. H. Childs, S. Jennings.
Hampshire Co.—E. G. Upfard, D. Thompson, A. S. Peck, C. A. Hall.
Southern District Society.—W. C. Whitridge, Samuel Sawyer, F. Hooper, A. Mackie, J. Haskell.
Barnstable Co. District Society.—A. Cornish, A. Poole, S. H. Gould, J. Leonard, Jr.
Hampden District Society.—J. W. Rice, C. Bell, N. Adams, T. Chapman.
Middlesex District Society.—J. C. Dalton, N. Cutter, G. Kimball, A. B. Bancroft, E. Huntington, H. Pillsbury, J. W. Graves, J. Bartlett.
Franklin Co.—S. W. Williams, J. Deane, Geo. W. Hamilton.
Middlesex Co.—T. Wellington, J. Ware, M. Wyman, J. S. Hurd, Z. Howe, A. Hooker, J. M. Whittemore, C. F. Chaplin, B. Cutter, J. W. Bemis, L. V. Bell, H. Adams.
Norfolk Co.—J. Stimson, E. Alden, E. Stone, E. Jarvis, A. Howe, J. Ware, H. Bartlett, E. Woodward.
Nantucket.—E. P. Fearing.
Plymouth Co.—E. Thaxter, P. L. Nichols, W. Warren.
Bristol Co.—C. Swan, J. Gardner.
Suffolk Co.—G. C. Shattuck, E. Buck, J. Homans, Z. B. Adams, J. Jeffries, W. Lewis, J. Flint, S. Morrill, J. D. Fisher, A. A. Watson, Geo. Bartlett, Dr. Harwood, M. Gay, C. H. Stedman, J. Bigelow, G. Hayward, S. D. Townsend, J. V. C. Smith, G. W. Otis, J. C. Hayden, D. H. Storer, A. Thomas, C. G. Putnam, M. S. Perry, E. Palmer, A. A. Gould, J. B. S. Jackson.

On Thursday the council proceeded to the election of officers for the ensuing year. Dr. Howe, of Billerica, the President, declined being a candidate for re-election, and also Dr. Bachelder, the Vice President. On the first ballot, Dr. John Ware, of Boston, was elected President, and Dr. Joseph Stone, of Harwich, Vice President. Other appointments of executive officers will probably be announced soon in the published transactions. Dr. Bartlett, of Concord, is the orator for 1849. Last year the income to the treasury was \$1351.87; and the outgoes, \$1038. About \$200 are now on hand. The permanent fund of the Society, securely invested, in January next will amount to \$11,000. There was some incidental business, which we intend to record another week, not having room for a more extended report to-day—beyond remarking that the Massachusetts Medical Society never exhibited more vigor, enterprise, and soundness of constitution, than at the present moment.

New Jersey Lunatic Asylum.—An elegant edifice has been completed at Trenton, for the reception of the lunatics of New Jersey, which is honorable to the humanity, taste and intelligence of the people of that State. H. A. Buttolph, M.D., the medical superintendent, has issued a circular, comprising the by-laws of the institution, so that the public may have exact and correct views of the intentions of the managers in regard to the administration of the Asylum. Private patients are admitted on certain conditions; indigent persons may be supported at the expense of counties; pauper lunatics are admitted by order of the Judge of the Court of Common Pleas; and criminal patients, or those acquitted of criminal charges on the ground of insanity, are received under certain provisions of law. In short, from the present indications, the Asylum will soon have a rank among the most distinguished hospitals for the insane in our country.

New York Academy of Medicine.—The catalogue of members, just published, shows that the Academy embraces the strongest and most worthy men of the profession, in the city of New York. The constitution guards the institution thoroughly against the inroads of pretenders, and holds out the rewards of honor to those who are admitted within its enclosure. John W. Francis, M.D., is President—a man whose name is familiar to those who have kept pace with medical literature in America. There are five standing committees, to whom is referred the various subjects brought before the Academy, and thus perfect order and efficiency are secured, and the science of medicine is promoted, at the same time that friendship and courtesy between those devoted to the arduous and responsible pursuits of professional life, are sedulously cultivated.

Defence of Dr. Jackson's Claims to the Discovery of Etherization.—Messrs. Joseph L. Lord and Henry C. Lord, attorneys at law, in Boston, have published a pamphlet of thirty-seven large octavo pages, in which an amount of testimony is collected to prove Dr. Jackson's unequivocal claims to the honor of having made the great discovery of the age, which must exceedingly perplex those who have heretofore considered the question settled in another way. The Punic wars were not more energetically prosecuted than the ether controversy thus far, and the latter bids fair to run through as many years as the former. It will be gratifying when a final decision is made by some tribunal acknowledged by both parties to be competent, and an impartial public enabled to decide upon whose brow the wreath of honor shall be placed. Each claimant has thus far had his advocates, and pamphlets have followed each other with a rapidity that has kept the fact in remembrance, that the inhalation of ether was discovered and is now in universal use.

Chemistry of Food.—A small but instructive treatise, embracing the researches of the celebrated Prof. Liebig, on the chemistry of the food, and the motions of the animal juices in the body, has been published at Lowell by Bixby & Co. In order to give the work all the advantages of a good introduction into the English language, it was edited from the author's manuscript, by Dr. Gregory, Professor of Chemistry in the University of Edinburgh, and finally edited, from the English edition, by Professor Horsford, of Cambridge University. The book is a duodecimo, neatly printed, containing about two hundred and fifty pages. Sec. I. is devoted to the methods of investigation in animal chemistry. II. The constituents of the juices of flesh. III. Practical results of the investigation.

By this treatise certain facts are established in regard to the value of various articles of food—as it is shown that one kind of cooking destroys the nutritious qualities, while another preserves them—and hence practical lessons of importance to the community may be learned from it. For example, boiled meats, if eaten without the soup, afford but little nourishment. This is a famous country for boiled dishes, especially in the rural districts of New England. The pot-luck of the farmers entirely excludes the liquor in which the meats and vegetables have been cooked. The theory of roasting; the best plan for making soups, portable or otherwise; extracts of meats for wounded persons; the character of brines; the effects of salt on meats, &c. &c., follow, with a philosophical exactness of detail, which makes the matter clear that good cooking is truly economical.

This country, as well as Europe, abounds in dietetic teachers, who have made themselves prominent by their efforts to change the habits of living in individuals, and through their example, in whole communities. But such changes have invariably been attended with extreme difficulty, so fixed by custom and opinionated are most people in respect to what they conceive to be for their health in eating and drinking. Prof. Liebig proposes no changes, nor does he in a single instance quarrel with the customs of society. As a chemist, he simply presents the results of certain researches, and leaves the application to the good sense of the world.

Gentlemen who are interested in chemical studies, will enjoy the first and second sections particularly, because the author exhibits there the higher powers of his intellect. There is a deep research and technical character running through those parts of the book, which accords with the dignity of the subject, but which is wisely laid aside when he descends to the level of ordinary readers in the third and last section. Whatever has been added by the two editors, will be appreciated by those who understand the nature of their labors.

Canchalagua.—A bottle of the extract of this much-spoken-of plant, having been presented us by Messrs. Brewers, Stevens & Cushing, large importing druggists of Boston, we have been induced to look more critically into the history of its introduction into notice, and its claims as a new and valuable medicine. It grows not only in California, but in various sections of Mexico, and is said to be extensively used there by the inhabitants, as a tonic. Very little confidence is placed in the accounts of its efficacy in fevers. Letter writers harp upon its excellent medicinal properties, by saying that it is superior to sarsaparilla. If it is not, then we are quite certain it is not good for much, since the fact is pretty generally conceded that sarsaparilla possesses no great efficacy, notwithstanding the hue and cry through the length and breadth of the land, in proclaiming its sovereign potency. Too much virtue is claimed for canchalagua, which induces us to distrust the accounts from abroad. Thus consumption, cough, influenza, asthma, bronchitis, scrofula, gout, &c. &c., through the quack's entire catalogue of physical woes, for which he has the never-failing panacea, are all swept away before the irresistible energy of canchalagua. Before physicians take it into their patronage, something more is necessary to be known on the subject. It appears to be a mild stimulant, but that it possesses any advantages over a host of medicines with which the profession is familiar, is not yet satisfactorily proved.

Homœopathy in Russia.—"A homœopathic hospital was formally opened in Moscow, in the presence of the Governor-general, Prince Setscherbatoff, and other persons of rank and influence. It is supported by voluntary subscriptions. Dr. Schweikert was appointed honorary medical officer." Such hospitals have in former years been opened in various parts of Europe, but we are not informed of the success which has attended them. We are frequently told that the people are weary of homœopathy, and that the whole system will soon be out of fashion; but the practitioners seem to be constantly increasing, and their patients appear perfectly fascinated with the do-nothing method of treating their maladies. On the whole, it may

be considered a costly amusement for whiling away dull hours, from the circumstance that great bills are apt to follow in its train, but which are doubtless paid with cheerfulness.

Controversy respecting Sanitary Retreats.—Readers will notice an article in this day's Journal, from Dr. Mitchell, of Portland, Me., in answer to a paper which was given a few weeks since by one of our best writers, and a most highly-esteemed medical gentleman. That article, we thought, was perfectly courteous towards Dr. M., although we regretted that the writer found it necessary, in reasoning from facts and his own observation, even distantly to allude to matters which have so often produced contention between those residing in different portions of our country. Dr. M., of course, was entitled to a reply—but it is not of a character which we like to publish in the Journal, or such an one as we think the paper of our correspondent was entitled to receive; nor are the arguments and style worthy of the enterprise in which Dr. M. is engaged. We say this not in anger, but because it is self-evident that a controversy conducted in this manner might be continued interminably, and no one be made the wiser or better for it. A communication on the same subject has also been received from Schenectady, N. Y. Owing to the badness of the paper on which it is written, it is impossible to decypher the whole of it; but it is apparently in the same style, but anonymous, and we must decline inserting it in the Journal. The writer says that extracts from Dr. Wurdeman's letters will hereafter be sent us; these, or any facts, or candid deductions from facts, from himself or others, on this important topic, will be gladly received,

National Medical Association.—An abstract of the proceedings of the Association at Baltimore, last month, is given in the Philadelphia Medical News. We find but little of interest in it, besides what has already appeared in this Journal. The following is the committee of arrangements for the next meeting in Boston:—Drs. Jacob Bigelow, E. Hale, Z. B. Adams, J. C. Dalton, John Ware, O. W. Holmes, H. I. Bowditch.

TO CORRESPONDENTS.—The following papers have been received, and will have early attention given to them. On Epidemic Influenza, by Dr. Leonard; Illustrations of Chronic Rheumatism, by Dr. North; Anchylosis of the Jaw, by Dr. Castle; Dislocation of a Cervical Vertebra, by Dr. Hill; Massachusetts Medical Society, by Dr. Seammell. Reference to a paper by "Medicus" will be found in another paragraph on this page.

MARRIED.—In Boston, Luther Parks, Jr., M.D., to Miss J. Dale.—L. E. Marsh, M.D., of New Salem, to Miss S. Gibbs.—In Uxbridge, Truman Rickard, M.D., of Woburn, to Miss Elizabeth Read Capron, of Uxbridge.

DIED.—At Flushing, Long Island, N. Y., Dr. James Malcolm Smith, of the U. S. Navy, a native of Turk's Island.—At Northampton, Mass., Dr. Charles L. Seeger, a native of Germany, 86. He had been a contributor to this Journal in former years.

Report of Deaths in Boston—for the week ending June 3d, 53.—Males, 22—females, 31.—Stillborn, 3. Of consumption, 8—typhus fever, 6—lung fever, 2—scarlet fever, 2—brain fever, 1—convulsions, 3—infantile, 6—croup, 3—child-bed, 2—diarrhoea, 1—inflammation of the bowels, 2—dysentery, 1—disease of the bowels, 1—disease of the heart, 1—dropsy, 1—dropsy of the brain, 5—hooping cough, 2—paralysis, 2—bronchitis, 1—murdered, 1—cholera infantum, 2—old age, 1. Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 10—between 40 and 60 years, 11—over 60 years, 2.

Medical Miscellany—Each bottle of the Shaker Sarsaparilla contains one ounce of pure hydriodate of potash, says a correspondent—A large number of cases of small-pox, were brought by emigrant vessels into New York, last week.—M. Buchez, President, and the Vice President of the National Assembly of France, are M.D.'s. and thirty-six of the representatives are physicians. The profession is beginning to act in high political spheres.—The building lately called Hopital Louis Philippe, and now Hopital de la Republique, is nearly completed. Five hundred workmen are daily employed on the structure.—There is at Munich an extensive establishment for the preparation of a peculiar kind of castor oil, now in great request, especially in Italy. With syrup of orange peel, and orange-flower water, it is readily borne by all patients, and it is efficient in much smaller doses than the usual oil—viz, from one drachm and a half to three drachms. Buchner has found it in seventy-two parts of oil to twenty-eight of alcohol and water. As alcohol dissolves the really purgative principle of the castor oil, the superior efficacy of this oil is readily explained.—Dr. Bartlett's work on Fevers is severely handled in the last New Orleans Medical Journal.

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March 22—ep4t&eoptf

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March 22—tf

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apr. 26

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Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

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Jan. 1—1am.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JUNE 14, 1848.

No. 20.

ILLUSTRATIONS OF CHRONIC RHEUMATISM AT SARATOGA SPRINGS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In compliance with your invitation, and with former practice, I forward for insertion a few cases illustrating the combined effects of Saratoga waters and other remedies in *chronic rheumatism*, extracted from among the doings of several years past.

Omitting all remarks, in this place, of the bewildering discrepancy of opinion among authors and practitioners, both as to the *etiology* and *treatment* of this disease, it seems necessary to make but a single prefatory statement, and that relates to the *seat* of the disease. It is an established fact in my mind, as will appear in the following cases, that this specific morbid action or inflammation, called rheumatism, is widely diffused in its location; that it may be seated wherever the fibrous structures exist, in the dura mater, theca vertebralis, capsular or arthritic membranes, in the fibro-serous structure of the heart, and in the widely-spread aponeuroses or fasciæ of the muscles. In this opinion, happily, our best writers are generally united; and the following cases, selected without any attempt at classification or any purpose of establishing a theory, will probably be thought to be in harmony with it.

CASE I. *Rheumatism of the Dura Mater and Theca Vertebralis.*—Treatment, perturbation of the alimentary canal, alteratives, Congress water and baths.

S. F. H., a physician of about 45, consulted me July 30, 1841. Had been in active practice till April. His usual weight 203 pounds, florid and highly susceptible in his nervous temperament. Has had wandering neuralgia in his legs for twenty years. April 1, 1841, a sudden attack of rheumatism in the wrist and legs, accompanied by pain and soreness of the limbs. Within a week the feet became œdematous. Unable to be recumbent; great dyspnœa; jactitation; mental derangement for three weeks. Feet were tapped; twelve leeches to chest, antispasmodics, assafoetida, castor, valerian. Great relief. Legs remained free from effusion, but were helpless. Antimonial pustules to the spine. Severe stinging pain in the face; pain in the head; eyes inflamed. In two months able to commence riding. Has since had very alarming sensations in the brain and chest, like immediate death, also feelings of angina

pectoris, with flatulence and indigestion. Tongue furred on one side; has been thickly coated. Appetite voracious; food does not distress; bowels soluble. Pulse in the commencement of attack varied from 60 to 150. Memory has been greatly impaired, now improving. Singular rays of light darting in front and sides of eyes. *Pulse now 74, and hard.* Directions—Take three half pints of Iodine Spring water each morning. 3j. antimonial wine at bed-time. Bath from twenty to thirty minutes every evening.

July 31st.—Slept till 2. Pulse softer. Directions—One and a half teaspoonfuls antimonial wine, hora somni. Continue Iodine water, and bath at 90°.

August 3d.—Diarrhœa; twenty evacuations last night; offensive; numbness of hand gone; moribund sensations diminished. Pulse 84, and perfectly soft; tongue coated. Directions—The diarrhœa not to be checked, and the Iodine water and baths continued. Bath at 94°.

5th.—Pulse 72, early morning. Had five to seven evacuations; no pain of bowels. Food passes nearly whole; turns of annihilation gone. Directions—Half teaspoonful antimonial wine nights; water mornings. Omit bath.

7th.—R. Tinct. hyoscyami, 3j.; aqua aminoniæ, 3ij.; tinct. sanguin., 3ij. M. Dose, 3j. before the regular meals. Resume baths 98°, and continue water mornings.

11th.—The diarrhœa still continues, and is allowed to proceed. Continue all.

18th.—Looseness of bowels gone. This morning sudden loss of consciousness in the right half of brain. General, extreme nervousness. Appetite gone. Directions—Add a teaspoonful of cream of tartar to each tumbler of the Iodine water, and take sufficient to re-produce active catharsis. Renew the hyoscyamus mixture, which has been discontinued a few days.

19th.—Is very well to-day. Appetite and comfortable sensations restored. Leaves to-morrow, to resume his business.

I have frequently called on Dr. H. since the above. He soon forgot his rheumatic difficulties; and has since, without any serious attack, been discharging the responsibilities of a wide city practice.

CASE II. *Entonic Rheumatism of the Joints and Aponeuroses.*—Treatment, Congress water, baths, bleeding, and perturbation of the alimentary organs.

Miss S. M., say 50, from Connecticut. August 12, 1843. Attacked with general lameness of muscles a year ago last April. All the muscles sore. Appetite null. Did not give up her housework, the superintendence of a very large hotel. Had little sleep during the whole winter, from the muscular soreness. This prevented her lying on either side. Now can lie only on right side. Can sleep but very little now. Has been journeying in Vermont and elsewhere two months. Little improvement. Tongue furred a year. Takes no tea nor coffee. Stomach flatulent and acid. Bowels very costive. Pulse 84 and full.

Directions—Antimonial wine, 3j. nights. Four to six half pints of Congress water each morning. Bath every second day at 90°.

Aug. 24th.—Highly stimulated ; pulse wiry ; cough ; fullness ; loss of appetite. Directions—Senna, 3 iij. ; Epsom, 3 ss.

25th.—Better. Pulse still hard. Directions—Repeat the cathartic, and take one pill at night as follows :—R. Ext. hyoscyam., gr. ij. ; pulv. antimon., gr. ij. ; calomel, gr. j. Ft. pil. una.

26th.—Pulse still hard. Left hip painful. Directions—Bleed ℥j., and continue medicines.

27th.—Much relieved by bleeding. Continue above medicines.

September 5th.—Has become stationary. Yesterday was bled 15 oz. To-day much relieved. Soreness of arms gone. No trouble, except in the hips and knees ; scarcely any in the latter. Sleeps on both sides. Suspend cathartics. R. Cal. 1 ; opium, ½. Ft. pilula. Take one four times a-day, till slight ptialism. Continue Congress water.

11th.—Gums just swollen ; no salivation ; calomel irritates ; nausea. R. Senna, 3j. ; aquæ, ℥ss. Infus. Give each morning two oz. containing 3j. vin. seminis colchici.

16th.—Some salivation. Gums now better. Has increased the colchicum wine to 3 iij. each morning in the same vehicle. Every afternoon is flushed, faint, dizzy ; evidently *colchicized*. She omitted the wine this morning. Passed the day without any excitement ; skin cool ; pulse perfectly soft ; soreness of hips much better. Scarcely limps.

28th.—Has been taking fifteen grains hydriodate of potash in half an ounce of water four times a-day, for several days. Eyes swollen ; diarrhœa. Omit the hydriodate one day, then repeat.

October 2d.—Two days since, took a long walk, and found that, although the tissues had assumed a great degree of insensibility and ease, yet the over-exertion had re-produced lameness and increased pulse. Directions—Omit the iodide of potassium, and take, three times a-day, 35, 40, 45, 50, &c., drops wine of colchicum, till the characteristic results, viz., nausea, vomiting, diarrhœa, are produced. Also, R. Tart. antimonii, 3 ij. ; pulv. cantharid., 3 iij. ; ol. origani, 3 j. ; alcohol. dilut. ℥j. Misc. Produce eruptive vesication, 9 by 9 inches, over the right hip-joint and knee. Exercise prohibited.

10th.—She became faintish when she arrived at 60 drops three times a-day ; also very loose. Paleness of face scarcely increased. Some appetite. The eruption abundant over hip-joint and knee. Not a particle of rheumatic pain distinguishable for four days.

17th.—Leaves to-morrow. She continued the colchicum till the 14th. She is eating tolerably, and scarcely limps. On leaving, she soon recovered from the effects of my medication, instituted and pursued for the purpose of dislodging this most troublesome complaint, and by the aid of these, and the alterative effects of the Congress water, she has since experienced a great diminution of her sufferings, and has, I believe, very steadily pursued her vocation.

CASE III. *Rheumatism of the Dura Mater, Theca Vertebralis and Joints.*—Treatment frustrated by the effects of the disease on the mind.

July 6, 1844.—B. H. H., Esq., Vermont, age say 39. Thin ; pale ; violent headaches for many years. Four months since, the pain extended between the scapulæ and through the chest to the sternum, evincing that the morbid process was extending from the dura mater and arachnoid membrane of the cranium to the fibro-serous tissues in the vertebral column. The right arm and hand also became very painful. The headaches yet continue very severe. Slight swelling and redness of knuckles of right hand, which compel him to wear a sling. All the joints of his hand stiff, tender, and acutely painful if hit. Shrinking and strange feelings in the balls of the fingers. Has a sensation many times a-day as if he had smitten the nerve at the elbow. No injury ever happened to the spine, nor is there tenderness on pressure. Sleeps very badly. Has taken morphine freely. Thinks it injures him. It has been applied endermically. Is unable to lie on his right side.

Tongue moist ; appetite none ; food sits easy, but seems to produce a troublesome sourness in the mouth ; very costive. Cathartics relieve him. His mouth salivated six weeks since from blue pills. Of no use. Pulse 90, unequal, jerky, hard. Directions—Venesection. This he begs earnestly to be excused from. Four tumblers Congress water each morning, and none through rest of the day. R. Tinct. senna comp. syrup., rhei, āā ʒj. M. Dose, one third of this each morning.

8th.—Very severe pain in the arm and shoulder ; more headache ; is sure the disease is extending to left leg and foot ; pulse 84, softer.

15th.—This unhappy patient has been in constant dissatisfaction with Saratoga and all within it, and leaves to-morrow, having refused some apparently necessary remedies, especially bleeding.

Having a deep interest in these anomalous and painful cases of rheumatism, and knowing how great a revolution is often produced by a few days' potation and medicines at these springs, I wrote him a letter of inquiry the next season, from the answer to which, written by his wife in his absence, the following is an extract. "Mr. H. thinks he received great benefit from your mineral springs. He continued to gain till November, when he had an attack of severe pain about the chest, for which Dr. H. rubbed on, copiously, undiluted croton oil. He soon recovered, and was out every day in the winter. His general health has much improved. Has not weighed as much in four years."

CASE IV. *Atonic, general Rheumatism.*—Treatment, the waters, bath, zinc.

August 27th, 1844.—A. W., of Massachusetts, age 51. Farmer. Countenance and general appearance natural. Good health till two years since. In July seized with rheumatic pain in right shoulder. Soon became general ; extended to all the joints, including the finger-joints. It grew better and worse in paroxysms, always attacking the same shoulder when returning. Took drachm doses wine of colchicum last winter, till two ounces were taken. No effect. Joints now all weak and stiff. Not quite abandoned labor. No pain when still. Goes down stairs badly. Hips and knees his best joints. Was here three weeks in the former part of this summer, without medical directions. Af-

ter being at home two weeks, thought he perceived some melioration. Tongue red and furred; appetite good. Pays little regard to diet; all sets well; uses tea and coffee; no indigestion or costiveness. *Pulse 90, small, weak, unequal*; heart sounds well on percussion; impulse wide. Directions—Take each morning four half pints of Congress, and two ounces of an equal mixture of compound tincture of senna and syrup of rhubarb. Also two small tumblers of Hamilton Spring water as a tonic one hour before dinner and tea. Bath at 8, P. M. at 105°.

28th.—Sweat all night after the bath; the sweat sour in its odor; limbs a little stiffer; pulse 80, soft. The senna mixture corporated with the water.

September 2.—Sweats less; left wrist more swelled; rest of joints better; pulse 80, very soft and equal. Directions—Increase the heat of the baths at evening. Apply the compound cantharides wash to the wrist. All the rest as heretofore.

4th.—Wrist red from the inflammation produced by the wash; both wrists better; three evacuations a-day; sweats less, not so sour; can go down stairs face forward; rheumatism rapidly diminishing; pulse 90, soft, rather irregular; eats amply. Directions—Continue all.

7th.—Sweats more after bath; balls of feet tender; pulse 78, very soft; no better on the whole; bowels yet thoroughly lax. Directions—Omit senna mixt. R. Zinci sulphat., gr. j.; myrrhæ, gr. j. Ft. pilula. Commence with five a-day, increasing gradually. Omit baths. Continue four tumblers Congress in the morning, and two of Hamilton before dinner and tea.

9th.—Neck less stiff; balls of feet better; all the joints improved, except wrists and fingers. Three operations of the bowels daily. Food abundant and sets well. Pulse 84, soft. Directions—Continue pills of zinc and myrrh, and the waters.

11th.—Is now taking twelve grains of zinc a-day, and of the best quality. No irritation; bowels loose; tenderness all gone from soles of feet; wrists less swollen and more easy. Directions—R. Iodin., gr. x.; iodid. potassii, 3 ss.; adipis, 3 j. M. Ft. unguent. Rub the most painful joints night and morning, and continue the rest.

13th.—Ointment “seems to have taken the knots out of his hands;” bends them easily. Appetite excellent; balls of feet *well*; pulse 90, fuller. (Has been walking.) Directions—Take four pills at four times each day, and continue the waters.

16th.—Is now very impatient for his meals. Attributes this to the pills. Strength increased very much; left wrist stationary; rest all improving; no smarting from the liniment; pulse 84 and soft. Directions—Continue all, and increase the pills to twenty a-day.

17th.—No disturbance from the pills; bowels open; scarcely complains of any joint; power of walking great; countenance that of good health. Leaves soon.

[To be concluded next week.]

ANCHYLOSIS OF THE JAW OF THIRTY-FOUR YEARS DURATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the course of my practice, a few months since, the following interesting case came under my notice. At the time, it was my intention to have sent to you a historical account and description of this novel case, but various engagements prevented my doing so. Presenting itself again, a few days since, for relief, I now avail myself of the opportunity of fulfilling my original purpose.

Mr. ———, a native of Scotland, aged 50 years. At the age of 11 years he was apprenticed to the merchants' marine, from a Scottish port. Whilst on the homeward-bound voyage from the West Indies, in 1813, the vessel on which he was aboard was pursued by a French frigate. The chase was long and exciting, and every effort to increase the speed of the vessel, to effect an escape, was of course made by the captain. For this purpose, various practicable alterations were effected in the vessel's trim, and every "stitch" of canvass that could be brought to bear was put into requisition. The lad was sent aloft to "loose" the "main-royal sail," when, from a heavy plunge the ship made in a high running "head sea," and a squall of wind simultaneously striking her, the "royal" mast was "carried away," i. e., snapped asunder, and precipitated him "in-board" of the long-boat below; breaking both his legs—one a compound fracture of the fibula and tibia midway between the ankle and knee, and the other a compound fracture at the knee-joint, driving the *patella* almost through the joint. Both arms were broken, and three ribs on the left side, and the left *clavicle*. The teeth were forced through the lips, in consequence of his face striking against the inside of the boat; but no other injury was inflicted on the head, otherwise than that of insensibility arising from the general concussion and shock received by the sensorium and nervous system. The vessel escaped from the grasp of her pursuer, and in the absence of better assistance, the ship's carpenter, for the nonce, doffed his office of surgeon to "*sprung*" masts and yards, solutions of continuity in seams, and strictures in the pump's urethra, and devoted his skill to carpentering fractured bones, and "fishing" the broken limbs of the unfortunate lad, and thus with "home-made" rough "splints" he placed the fractured limbs in position, first having removed, with his chisel! the comminuted portions of fractured bones, and, to the best of his abilities, bringing together the flesh by the adhesive qualities of plaster comprised of tar-pitch and canvass. He then proceeded from the ship's "medicine chest," and strict diet, to place him under rigid "antiphlogistic" treatment, and he was in every way—using his own words—"well cared for."

Several days after, the vessel made the port of Portsmouth, Eng., and he was taken ashore, to the marine hospital. The limb, implicated with the compound fracture at the knee-joint, was amputated between the middle and lower third of the thigh—and the other fractures treated *secundum artem*, with the view, if possible, of ultimately saving them. So absorbed were the surgeons with the numerous fractures, and the

desire to save his life, that they altogether lost sight of its important portal, the mouth—further than bringing together and preserving in apposition the wounds of the lips. The muscles and ligaments of the jaw daily contracted, but so gradually, that even the patient himself, overwhelmed as he was with sufferings, *did not perceive* the advance of this terrible affliction, until he discovered that he could not, upon the return of his appetite, open his mouth to partake of food. His jaws were firmly fixed, and the teeth closely locked upon each other. Treatment and experiment alike failed to overcome this additional calamity, and he was, in due course of time, in all other respects “discharged cured.”

After the war, he emigrated to this country, and for many years has been a resident of this city. Several years since, on the eve of Dr. Mott's departure for Europe, he consulted this gentleman as to the possibility of obtaining relief, by an operation. Nothing was done, and tumefaction and suppuration supervened. He was, in consequence of the successful operation which I had performed, in re-placing, by artificial means, the loss of a large portion of the maxillary bones and teeth (from a gun-shot wound) in the case of Lieut. S., U. S. N., advised to consult me, with regard to any chance of success attending an operation for securing “artificial joints” to the inferior maxillary bone.

Having examined the case, I advised him by no means to submit to an operation of this kind; that such an operation had been performed several years since, by an eminent surgeon, upon the jaw of a young lady* similarly affected, with the most disastrous results; that she had applied to me for relief, and the only solace she ever received for her sufferings was the overcoming the frightful deformity of an *absent cheek*, which was successfully and beautifully accomplished with an artificial one by my friend, Dr. Smilie, dentist, of this city. The maxillary bones, gums and teeth, on one side, were completely exposed, her jaws locked, and the teeth rigidly closed and fixed together, thus presenting the appearance of a grinning skeleton, and on the other exhibiting all that was youthful, healthful and beautiful. The failure of youthful resources to secure artificial joints, did not in this instance warrant a similar experiment upon those of age.

I found his teeth, as already stated, firmly locked together; the gums tumefied and vegetating, pus oozing from their edges and the alveolar dental periosteum, the breath feverish and fetid. I proceeded to remove the several teeth after their order, two superior and two inferior posterior *bicuspid*s on either side, four superior and four inferior *multicus-*

* The anchylosis affecting the maxillary bone of this lady was superinduced from the cauterizing the inner surface of the mouth, during her illness (fever, cancrum oris). The surface sloughed, and produced an angry ulcer. The cauterizing was continued, and the consequences were, that the whole of the left cheek was corroded entirely away from its junctions with the maxillary bones, and the attempt of an eminent dentist, with her surgeon, to extract a molar tooth, fractured her jaw, which in connection with the disease, was the remote and exciting causes of the anchylosis. The operation for producing artificial joints, was performed by cutting through the ascending portions of the jaw, just below where the condyles and coronoid processes bifurcate. From the account of the case given by the young lady, I could not rightly comprehend what treatment she had received, or what cause was assigned for the failure.

pids, and the two superior lateral *incisors*—the two central teeth having originally been extracted for the purpose of enabling him to speak and partake of “spoon meats,” upon which he has subsisted for thirty-five years.

I left in the mouth two superior and two inferior *cuspidati*, the same number of *bicuspid*s, the four inferior *incisors*, and the four *sapientiae* teeth. The removal of the above teeth gave him great relief. It enabled him to cleanse his mouth upon the inside and outside of the teeth; it gave ample room to the tongue, both for speaking and crushing the food, that he was in the habit of taking, against the roof of the mouth, and, to his astonishment, improved the sense of taste, to such an extent that he conceived—until explained to him that closed jaws materially affected this sense—that the “character of his food had changed.” The tumefaction and suppuration of the gums and periosteum subsided, as did also the fetid odor of the breath, and the digestive powers recovered from the prostration superinduced by these exciting causes. He was most anxious, at the time, that I should extract *all* the teeth from his head, particularly the lower incisors, that he might enjoy still *more* space in his mouth for his “cribb’d” tongue. I should have complied with his desire, but that the position in which his jaws were fixed, and the *tout ensemble* in which the maxillary apparatus was placed, and prognosis, did not indicate nor warrant such a mode of procedure. It is a well-demonstrated fact, that the inferior maxillary bone undergoes various changes, more so than any other bone of the human frame. At birth, the angle of the jaw is obtuse; at maturity, when all the teeth are developed, it forms a right angle; and as the teeth make their appearance, and are severally lost to the animal economy, so does the jaw undergo material physical change, either with the addition, or from the loss of each tooth. I prognosticated, therefore, that should I extract *all* the teeth, the muscular contraction would continue, and however firmly the *condyles* of the jaw might be ankylosed with their glenoid cavities, that the immense power of the maxillary muscles, and the constant strains upon them, would draw the *ramus* of the jaw upon the superior maxillary bone, and anteriorly close the jaws altogether, so as to deprive him of the ordinary functions of the lips (from their compression upon each other), and the mouth; and I did not extract the lower incisors, because it would have deprived him of this “dam,” as it were, to retain the saliva, as well as prevented the forming of the *dento-lingual* articulations of the voice.

His second visit to me proved the fortunate prognosis that I had made upon his case. The muscles *had* contracted so as to force the remaining teeth, which I had left in the mouth, for the purpose of keeping the jaws apart, considerably out of their perpendicular lines of position. The *dentes sapientiae* were now decayed, and their spiculated surfaces were not only forced into each other, but were also forced over the *mylo-hyoidean* line of the jaw into the throat, contracting its capacity, and pressing down the tongue and the tonsils, and thus materially affecting the function of deglutition. Tumefaction and considerable in-

inflammation of the gums and palate were present, the pendulum of which was elongated and exceedingly troublesome. He was much depressed in spirits, feverish, and complained of neuralgic pains over his temples, in the "balls" of his eyes, thence to the back of his head, down his arms, and to various parts of his body, and was oppressed with the feeling that he must die of "lock-jaw" or suffocation. "One of these times, I shall give one struggle, and it will be all over with me," were his desponding remarks. He having great confidence in me, my encouraging explanations that *tetanus* and his "lock-jaw" were totally and vitally different, relieved his mind and feelings from the oppression that was weighing heavily upon them. I then extracted the four "wisdom teeth" and one inferior canine tooth, which had been forced *forward*, out of its line of position, by the pressure upon it. I snipped off considerable portions of the tumefied and vegetating gums* near the tonsils, and applied powerful astringent washes to the mouth, and administered alteratives internally. His natural "spirits" have recovered their buoyancy, and his difficulties (for the present) are at an end—expressing himself yesterday, when I dismissed him, as "altogether another man."

Should the contraction of the maxillary muscles continue so as to draw still upon the jaw, I shall endeavor to overcome the difficulty and prevent it, by forming a wedge of gold upon either side of the mouth, in the shape of an hour-glass, the ends, of course, to be nicely adapted to the gums on the dental surface of the maxillary bones, somewhat after this manner, $\begin{matrix} 0-1 \\ \times \\ 1-0 \end{matrix} \dots 2$ No. 1, 1, representing the ends of No. 2, letter X, or hour-glass, to be placed perpendicularly between the superior and inferior maxillary bones; by which means I should hope to keep them apart, without local or constitutional irritation. A. C. CASTLE, M.D.

New York, May 19, 1848.

Surgeon Dentist.

THE MASSACHUSETTS MEDICAL SOCIETY—CUSTOM VS. LAW.

[THE writer of the following article adduces one or two examples to demonstrate his position that our State Medical Society falls far short of fulfilling the object for which it was created, viz., the protection of the community against quacks and the advantages secured to its members. As he states facts on this topic, openly gives names, and is, moreover, himself a member of the Society, he is entitled to a hearing. His introductory remarks are omitted.—ED.]

In the town of Hopkinton there is, besides myself, one other physician, Dr. O. Martin, formerly of New Braintree, more recently of North Brookfield. I am a member of the Medical Society. He is not, and does not appear to have any intention of joining. At least he has had abundant opportunity for fifteen years past, and has many times been invited and urged to join, but has neglected it hitherto. And yet members, and even officers of the Society readily meet him in consultation.

* I did wrong to cut or snip these vegetating gums; they cost me and the patient much trouble.

He informs me, also, that he had no difficulty in this respect while residing in the other above-mentioned places, where he was formerly located. Members of the Society were always ready enough to meet him. Where in this case is the *protection* of the Massachusetts Medical Society? I do not feel it.

Take another example, in the adjoining town of Upton. There are also two physicians—Dr. Starkweather, the famous discoverer of the virtues of the “*Hepatic Elixir*”; and Dr. Carpenter, one of the most intelligent and high-minded physicians of this vicinity. The former has been expelled, and the latter is a regular member of the Society. But physicians in this vicinity meet in consultation and countenance the one as much as the other. I know of four different Counsellors of the Society who have been in the habit of consulting with Dr. Starkweather since his expulsion. In the honesty and simplicity and innocence and extreme foolishness of my heart, I once refused to meet him, when I first commenced practice here. But I have since apologized to him, and told him that, in my simplicity, I did not understand the laws of the Medical Society, as interpreted by its older members and Counsellors. We are now on very good terms, and I have met him once or twice since. But where is Dr. Carpenter’s *protection*? He says he does not feel it. Dr. Starkweather, an expelled member, has just as much *protection* from the members and officers of the Society as he has. Their *protection is equal*.

And what does the Massachusetts Medical Society for its members? Why, if we will be at the expense of going to Boston, by two hours struggling and squeezing we may be fortunate enough to gain the attention of Dr. Adams, and have the privilege of paying our three dollars. Having passed through this purgatory safely, we may take our book, and proceed up stairs, where a stereotyped set of men are to be put into office, and a lecture delivered. We may then proceed to the place appointed for dinner. We arrive at the appointed time; the dinner is ready. But a few of the dignitaries of the order are not there. So after standing, and stamping, and kicking and thumping for an hour or two, we are permitted to enter. And here, let me say, is one bright spot. The dinner is good, and well prepared, the hall commodious, and the waiters attentive. And the speaking after it, would have been good yesterday, if it could have been heard. I, however, could hear next to nothing of it, and had to content myself with clapping when the rest clapped, till at length, becoming wearied with this, I finally took the cars.

Respectfully yours,

Hopkinton, June 1, 1848.

L. L. SCAMMELL.

PATHOLOGY OF DIABETES MELLITUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed with some interest the discussion carried on, through the medium of your publication, in regard to the “pathology of diabetes mellitus.” I should not have ventured before the public, were it

not for the apparent unfairness and want of courtesy evinced by the one who appears to consider himself the reviewer.

Dr. Flint, of Springfield, Mass., reported in the Boston Medical and Surgical Journal, a few years ago, the result of the autopsies of several persons who died from this disease, in all of which he found extensive lesions at the base of the brain. This suggested to him the idea, that diabetes might be the symptom of another disease located in some of the structures of the encephalon. Dr. Clapp, a physician of very extensive practice, and enthusiastic in his profession, knowing Dr. Flint to be a man of sound judgment and discriminating mind, from these *post-mortem* appearances is strongly impressed with the truth of the theory, and resolves to make further investigations. A case presents itself, in which there can be no mistake, for the presence of saccharine matter is manifest, even to the taste. A *post-mortem* is made, and the result is as he anticipated. He finds lesions at the base of the brain. He reports this in the Medical Journal, along with another case, which, from a certain similarity in its symptoms, he judges may be of the same nature. This he does simply for the purpose of eliciting information concerning the true condition of the brain in this disease, that he may arrive at a more determinate conclusion, which every one must admit to be a praiseworthy object.

But mark the unfairness of the one who professes to "review." Instead of producing cases showing the incorrectness of the doctrine, he affects to sneer at it, characterizing it as an "*intuitive perception*," notwithstanding Dr. Clapp directly intimates that the idea was suggested to him by the autopsies of Dr. Flint. This appears to me to be either wilful misrepresentation, or to indicate that a more familiar acquaintance with "Noah Webster" would be very desirable for a *reviewer*. On a par with this, is his "fling," in the closing sentence of the same paragraph. And in this way he thinks "to maintain truth and vanquish error"!

He meets with a serious difficulty. He is afraid the disease is not diabetes, and forsooth, to be satisfied, he must receive information in regard to the "specific gravity of the urine, the tests, the amount of saccharine matter," and "the largest quantity of urine passed in" a given time. He must be informed in regard to all these, or he cannot make out a diagnosis. What, is he ignorant that the only *pathognomonic* symptom of diabetes is the presence of saccharine matter in the urine? That if this be wanting, although all the others are present, the disease is not diabetes? It appears to me that a medical faculty would hesitate long before graduating a student who was found ignorant in regard to this point.

But he finds another stumbling block. He "cannot yet understand how disease, at the origin of the pneumogastric nerve, may induce sugar in the urine." This does not appear so very difficult. Suppose we consider this point for a moment. And, first, let us lay down some principles which I think all will admit. The proper performance of the function of an organ depends upon a due supply of nervous influence

to that organ ; and as this supply is cut off, or is deficient in quantity, so the function is arrested, or but imperfectly performed. Again, the nervous influence may be vitiated in its character, and unfit for performing its office, as is shown by its exciting depraved secretions, or by its conveying wrong sensations to the sensorium, as is manifest in the “chill” and “heat” of fevers. The nervous system is made up of two parts—the nervous centres, and the nerves themselves ; the former being the generators of the vis nervosa, the latter serving as mere conductors, as the telegraph wires transmit the fluid generated by the batteries. Now if there is a derangement in the function of an organ (assuming it is not produced by any lesion of the organ), we are not to look for its source to the nerves leading to the organ, but to the centres where the influence is generated, where some cause is operating to produce this condition.

Now, to apply these principles to diabetes mellitus. Pathologists, generally, admit that the sugar is formed in the stomach, and not by any non-combination of elements in the kidneys. Then the function of the stomach is deranged, for instead of forming healthy chyle, it converts its ingesta into sugar, and there is no lesion of this organ to account for it. The main agent in digestion is the gastric juice ; whether acting by catalysis, or as a chemical solvent, is unimportant to the question under consideration. This secretion is dependent upon the innervation of the stomach. This is derived from the pneumogastric and solar plexus, but principally from the former. Through this it is connected with the larynx, pharynx, œsophagus, lungs and heart ; by the latter, with the abdominal viscera. For sugar to be produced, the secretions of the stomach must be depraved. This must depend upon an abnormal nervous influence transmitted through the medium of the pneumogastric. This nerve has its origin in the medulla oblongata, where this abnormal nervous influence is generated, and to produce this there must be a diseased condition of this nervous centre. I think I have now fully explained this point.

In regard to the nature of the affection of the brain, producing this disease, I will only say that the chronic form generally attacks persons of a tubercular diathesis, and if the pathology of acute hydrocephalus is understood, it may be inferred what would be the consequence of a deposition of tubercles at the base of the brain.

I might adduce many circumstances tending to confirm the truth of this theory ; such as, the treatment that has been found most successful in the disease, the phenomena attending its last stages, the deranged state of the functions of circulation and respiration ; but I forbear. I will close by saying, that in all the cases of diabetes mellitus, with which I have become acquainted, whether from personal observation, or from report, whenever the brain has been examined, there have been found lesions in this organ ; and if the reviewer will furnish any well-marked cases in which the condition is otherwise, he will perform a service far greater, and much more honorable to himself, than by affecting to ridicule what he cannot understand.

Yours respectfully,

Woodstock, Vt., June 5th, 1848.

R. S. WESTON.

DISLOCATION OF CERVICAL VERTEBRÆ.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Sir A. Cooper speaks of the possibility, but extreme rarity, of dislocations of vertebræ. The following account of probable dislocation of cervical vertebræ was given me by a respectable physician, who was formerly a student of Dr. Grover, of Bethel, Me.

Dr. G., when young, went to “a raising,” and, as was customary in those days and on such occasions, engaged in wrestling. He was thrown upon his back or shoulders, and upon getting up found his head immovably thrown forward towards the chest. Thus he went on for several years, until, as he was one day riding on horseback over a log or pole bridge, his horse stumbled, and he was thrown violently upon his head or face. Upon getting up this time, he found his head erect, and has suffered no inconvenience since.

LEVI G. HILL.

Dover, N. H., June 3, 1848.

P. S.—Allow me to inquire of Prof. Shipman if his fourth case of “injuries of the head” reads correctly. The case is on page 356 of the present volume.

L. G. H.

MEDICAL REFORM IN MASSACHUSETTS.

[MENTION has several times been made in the Journal of certain causes of dissatisfaction among the members of the Massachusetts Medical Society, particularly the more distant ones. In the Journal of April 19th, it was stated that a committee had reported to the Council a series of modifications in the organization of the Society, to be presented at its annual meeting. The report was accepted at that meeting. We have not room for the whole report, but give below the articles which embody the modifications alluded to.]

1. The Counsellors shall be chosen by the Fellows of the Society in their several Districts; if practicable, at least one week before the annual meeting—the choice to be made by the District Society, where one exists; and where such a society does not exist, by a convention of the Fellows of the District, called for this special purpose, in such manner as may be hereafter provided. If any District fail to choose Counsellors by one of these modes, then the whole body of the Counsellors, at their annual meeting, shall fill the vacancy.

2. The District Societies shall have the power of admitting persons to Fellowship in their several Districts, who shall thus become Fellows of the Society at large, and shall receive from it their certificate of admission; but a common standard of qualification for admission shall be established, to which all the Districts shall conform, and all admissions shall be subject to the revisal of the Board of Counsellors.

3. The annual meeting of the Counsellors shall be held on the day preceding that of the Society. At this meeting they shall choose the

officers and transact the business of the Society, as nearly as practicable, as is done under the present organization.

4. The annual meeting of the Society shall be held in such of the principal towns or cities of the Commonwealth, as the Counsellors shall, from year to year, determine. They shall also appoint, annually, a presiding officer for the meeting and the dinner; and a committee, who, with the presiding officer, shall have charge of all the necessary arrangements for the occasion.

5. There may be annually prepared, under the direction of the Counsellors, and at the expense of the Society, a Retrospect of the Medical Literature and Science of the preceding year, having reference especially to discoveries and improvements of practical value. This Retrospect shall be published in the place of, or in addition to, the present annual volume, at the discretion of the Counsellors.

6. In order to ensure a full and fair expression of opinion, on the part of the Society, concerning these propositions, a copy of this report shall be transmitted to each Fellow, with a request that he return to the Secretary his assent to, or dissent from, its several articles, in the form of a distinct affirmative or negative with regard to each, within some definite period. Should it appear from the returns thus received, that the alterations in question, or any of them, receive the approbation of a majority of the Fellows, they shall be considered as adopted, and the Counsellors shall take such measures as are necessary to carry them into effect.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 14, 1848.

The Coredoter.—This is the name given to a newly-invented instrument, by that ingenious optician, Mr. Paine, of the city of Worcester, Ms. The term *coredoter* simply means the *sight-giver*, because the eyes of aged persons are restored by it to their original condition, according to the representations of Mr. Paine. A curiously-constructed metallic cup is placed over the eye, and by exhausting the air in a barrel, of which the cup is one head, pierced with a central hole, the cornea is drawn out from the globe to a certain degree of convexity. Mr. Paine says that the convexity of youth is thus instantly restored, and that the spectacles of the aged therefore become wholly unnecessary. All the fluids of the eye must instantly be moved by this operation—and a rapid secretion would seem to take place to maintain the artificial convexity thus given, or fibres, not recognized by anatomists, are put upon the stretch, without the power of suddenly contracting. If there is no mistake in the experiments, and eyes by this means are instantaneously restored to their primitive condition—for the flattening of the cornea is the true cause of the defective vision of age—Mr. Paine has brought out an instrument that will be in use by elderly eyes in all parts of the world.

We have carefully examined the coredoter, and acknowledge the scien-

tific principles of its construction, but are perplexed to understand how a suddenly developed prominence of a cornea that has been gradually flattening for many years, although suddenly roused to become the segment of a small circle, should maintain its new position. Our own opinion in regard to the matter is plainly this, that no permanent advantages can be expected by thus manipulating the visual organs.

Medical Reception Committee.—A large and respectable committee, consisting of one from each medical district in the State, was raised by the Massachusetts Medical Society, at their late meeting, to receive the delegates to the American Medical Association, who will assemble in Boston next year. This was an excellent measure, and met with the hearty approbation of the members; but the way in which the committee are to do the genteel towards these distinguished strangers, is altogether objectionable. Some of the committee reside in remote parts of the Commonwealth—yet they are elected for the purpose of being in the city to receive these delegates. In travelling to and from the city, and while remaining in it, they are to be at their own individual expense. This is all well enough. A motion was then made to authorize the committee to draw on the treasury for three hundred dollars, to meet any expense that might be incurred in the discharge of their honorable mission in the metropolis. But this was voted down by an overwhelming majority, and a more lastingly mean act was never perpetrated by the Society. How is it possible to show the civilities of the Society, or exhibit even a semblance of sincere attention, without the means of doing so? The honorable committee may come from the outer boundaries of the State, hire a reception room, if one is to be had, exhibit all of medical or general interest that our city contains, represent the hospitable feelings of a majority of the voters on that memorable occasion, and return to their distant dwellings, conscious of having been the instruments of the Society's generous manifestations of regard for their distinguished visitors—but all at their own individual expense! Boston is also environed by beautiful estates, picturesque views and historical monuments and associations, which visitors are generally much interested in observing—and to have furnished those who are to be welcomed so cordially by a State committee, with the use of carriages for this purpose, would have been the least in the catalogue of civilities that might have been tendered. The plea was raised in extenuation of such palpable inconsistency, that the Society was poor—there was not money enough on hand to meet the current expenses, &c. Yet there is the sum of eleven thousand dollars at interest, which if sunk in Lake Superior Copper Stock, would not have been considered by some of the members so great a loss as that occasioned by this parsimonious act. A spirit of false economy saved the money, while it disgraced the institution.

Circumstances affecting Health.—Through the influence and at the expense of a lodge of Odd Fellows in Boston, the community have been furnished with a printed lecture by Charles E. Buckingham, M.D., on *Circumstances affecting individual and public health*. If the Odd Fellows pass their evening conclaves in listening to instruction like this, it will at once be conceded that they are persons of excellent taste and judgment,

who contemplate the sufferings of the afflicted with a view to administering to their relief. The spirited author has an independent manner of giving his opinion, which reminds us of the terse style of his father. He makes no apology for saying in effect, that filth is coveted by one class of citizens, and the misery by which they are surrounded is retained as a garment. They sleep and vegetate in dreadful places. Disease follows, and death steps in, as though his services were actually solicited, to cut the silver cord, before the individual begins to understand the great end of life. Ventilation is the leading idea in the lecture. The horrible evils of living in a contaminated atmosphere are drawn with artistical fidelity. Dr. B. is no friend to physic, unless it is positively indicated. After the simple manner of the prophet, he would have all men wash and be clean—breathe fresh air and be well. On the subject of sewerage, which is of immense importance in cities, and appreciated in Boston more than in most other cities, Dr. Buckingham is particularly emphatic. If the appropriate filth of sewers is suffered to run in the gutters of city streets, working its sluggish way, and exhaling, as it goes, a pestiferous stench, the health of no one can remain safe, within the reach of its baneful influence. The same effects are produced on a smaller scale in country towns and villages, where sewerage is criminally neglected.

A right feeling is evidently beginning to prevail in regard to ventilation in the construction of public and private edifices, a subject heretofore almost neglected in this part of christendom. The builder's ambition has too long been exercised in excluding the very food of life—air. But a new impulse has been given to the great inquiry—how shall apartments be supplied with pure air? No wonder that the victims of pulmonary consumption are multiplied to a fearful extent in New England, when close sleeping apartments, air-tight stoves, and almost air-tight rooms, are considered necessary to every-day comfort. A profound sense of the destruction of life from these and kindred sources, is happily manifesting itself by the public generally, as well as by influential individuals, so that the hope of a better sanitary constitution of society may reasonably be indulged. While thanking Dr. Buckingham for this strong argument in favor of reform—by which he may accomplish much for public hygiene—the lodge of Odd Fellows are entitled to the gratitude of all who are not odd, for their kind intentions in giving publicity to the discourse.

Medical Graduations in Missouri.—One hundred and forty-six students were entered on the catalogue of the medical department of the University of Missouri, at the late lecture term. Thirty-nine were admitted to the degree of doctor in medicine. This fact shows that the making of physicians and surgeons, in the United States, has become an extensive annual operation, which somewhat alarms those who fear that a multiplication of numbers will finally overstock the market, lessen the demand for their services, and reduce the value of practice too low for honor or profit. Whether these fears are groundless or not, remains to be ascertained. There is no danger, we apprehend, of having too many thoroughly prepared; but a just apprehension that the institutions from whence they emanate, are not sufficiently vigilant in granting diplomas to those only who really are qualified to enter upon professional responsibilities, is extensively entertained. The Western schools will altogether rival the Eastern and Southern, very

shortly, in point of numbers. From very small beginnings, within comparatively a few years they have grown in numbers and influence, and now manifest more energy, in some respects, than the old institutions of the Atlantic States. If they should be equally conservative and thorough, their schools will have a reputation of which the whole country may be proud.

Missouri is geographically calculated to be the centre of a vast population, and is destined to wield a full share of political, commercial, and, we fondly believe, of scientific influence. It must so eventuate that more students will, by and by, congregate in the Western than in the Eastern schools. The tide of emigration, like a mighty wave of the ocean, is rolling onward in that direction. Millions upon millions of human beings will be spread over the now sparsely peopled territories of the West. Wherever the necessities of life most abound, and the earth yields her treasures in profusion, population goes on increasing, and civilization, wealth and luxury follow. There must be an increasing demand for the services of physicians and surgeons, proportioned to the other increased demands of the community; and in no direction will it surpass that of the growing West. These considerations have led us to reflect on the present condition and future prospects of the Western schools of medicine. They must be extensively resorted to in coming years, and ought to be elevated and efficient in character; and if the measure of general intelligence continues to enlarge, no halfway condition will be tolerated in these schools. To return from this digression, it is noticeable that a Summer Lecture Term is to be opened at the University School of Missouri, to commence on the first of July, which offers inducements to young men in the study of medicine, worth their attention.

Honorary degrees were conferred, at the close of the last winter session, on the following persons, viz. : — Dr. Benjamin Irish, Illinois; Dr. Zebina Conkey, Mississippi; Dr. Mordecai M. Maughs, Missouri; Dr. James L. Holliday, do.; Dr. Albion T. Crow, Illinois; Dr. John Rogers, do.

Galvanic Rings.—A kind of ring mania is existing in New England, among a class of people who were never known to think very profoundly for themselves. It is enough that a penny paper advertisement declares that Dr. Cristy's Galvanic rings are a positive remedy for human maladies, and those weak-minded people, who are always under the influence of the last quack imposition, not only cover their fingers and neck, but their toes, with metallic hoops, which they imagine are charged with extraordinary medical powers. It is certain, however, that Dr. Cristy has no right to claim the practice of this nonsense, as his own discovery. It seems that in 1812, *galvanic beads* were all the rage in Boston, promising to accomplish, for the silly dupes who purchased them, nearly the same blessed results expected to flow from the more recently devised galvanic rings. Neither argument, ridicule, or appeals to the understanding, have the least degree of weight with the class who use these rings, and who in general are the dupes and universal patrons of all the latest and most improbable nostrums—the consumers of sarsaparilla, tomato pills, homœopathic pellicles, or water-cure monomaniacs. They must pass through them all; and although infinitely bettered by each in its turn, they are prototypes of the horse-leech's daughter, whose perpetual cry is—"Give, give" us more!

Thomsonism in New York.—A Thomsonian practitioner, of no mean standing in the ranks, according to his own account, residing in Rochester, N. Y., describes, in a late number of the New England Botanic Medical Journal, the present deplorable condition of the cause in that State. It seems that the New York Thomsonian, the only periodical of the kind in the State, has just been discontinued, and the writer acknowledges that the Society was never at a lower ebb, since its first organization, than at the present time. He thinks, however, there is still life enough remaining to "put on the steam of everlasting truth," and set in motion again the car of "medical reform." He is disposed to be witty in speaking of his own conversion to Thomsonism. He says—"I am one of the old stamp of Thomsonians—not exactly dyed in the wool, or skin, however, as both were rather scarce with me, taken, as I was, from under the treatment of those whose practice it is to destroy both, for the sake of obtaining the bones—but dyed in the form of a skeleton, and after this in the skin, wool and flesh, and thus become a Thomsonian in full." The *dye-stuff* of lobelia and steam, we presume, was used on the occasion; and if it accomplishes such wonders, its friends ought to be content with it as it is, and not attempt to mingle therewith other and even opposite elements, as this writer does in the following quotation—"I am satisfied that the Thomsonian system (which includes hydropathy and other things inseparably connected), constitutes the only practice designed by the Creator for the relief of all human diseases." He calls upon the brothers and sisters throughout the Empire State to do all they can individually, and also to unite their efforts publicly, for "the furtherance of this unequalled cause of everlasting good to man, while on the shores of time and subject to disease and death"!

To the Editor, &c. SIR,—I wish to ascertain what quantity of the 30th homœopathic dilution of the tincture of opium would contain the strength of one drop of landanum? Will some infinitesimal friend give the information through the Journal? Yours, ALPHA.

New Hampshire Medical Society.—At the annual meeting of the Centre District N. H. Medical Society, holden at Concord on Wednesday, the 3d day of May, the following persons were elected officers for the ensuing year:—

E. K. Webster, M.D., Boscawen, *President*. Chas. A. Savory, M.D., Hopkinton, *Vice President*. L. M. Knight, M.D., Franklin, *Secre'ary*. Geo. H. Hubbard, M.D., Bradford, *Treasurer*. E. G. Moore, M.D., Concord; M. R. Woodbury, M.D., Sanbornton Bridge; E. F. Willson, M.D., East Concord, *Counsellors*. C. P. Gage, M.D., Concord, *Librarian*. M. T. Willard, M.D., Concord; Ezra Carter, M.D., Concord, *Library Committee*.

J. B. Abbott, M.D., M. R. Woodbury, M.D., *Orators for the semi-annual meeting*. L. M. Knight, M.D., Wm. Prescott, M.D., *Orators for the annual meeting, May, 1849*.

The next semi-annual meeting will be holden at Franklin, on the first Wednesday of October next.

Medical Fees from Clergymen.—At the late meeting of the Connecticut Medical Society, the following important resolution was introduced by Dr. Platt, and on his motion laid on the table for after consideration:—

"Whereas, it is believed to be the custom of the regular Physicians of the State, at the present time, to render *medical services* to clergymen and their families gratuitously ;

"And whereas it is believed that as a class of citizens (their education, intelligence, and moral standing considered) they do more than any other class in the community to embarrass the legitimate influence of the medical profession ;

"Therefore, *Resolved*, That as a rule we adopt the practice of charging clergymen the same fees as other citizens, except in cases of misfortune or inability, which would render it burdensome to make a just compensation for services rendered."

Marine Hospital Appropriations.—In the U. S. House of Representatives the Committee on Commerce reported a bill making appropriations for marine hospitals, at the following places, \$10,000 each ; viz., Pittsburg, Cleveland, Louisville, St. Louis, Padecot, Natchez, Chicago, Buffalo and Apalachicola. This is well, and yet N. Bedford, where the call for a marine hospital is certainly imperative, appears to have been entirely overlooked.

University of Louisiana—Medical Department.—An act was passed by the last Legislature, appropriating thirty-five thousand dollars to the University of Louisiana. A large portion of this sum is to be expended in completing the medical department.

We are informed that the medical department, constructed upon the plan of that of the University of Pennsylvania, will be completed in time for the commencement of the lectures next fall. The building is large, has all the necessary lecture rooms, apartments, &c., for the comfort of the students and professors ; and stands nearly in the centre of a large square, remote from the noise and bustle of the streets. Its isolated situation, and the plan upon which it is constructed, will render it an admirable place for study, and easy of ventilation ; two important considerations for the health and advancement of the students. As a proof of the growing popularity of this institution, over one hundred and sixty students matriculated during the last session, and but for the report of the prevalence of the yellow fever in our city, the number must have been much greater.. We can assure students, however, that at the commencement of the lectures, nothing is to be apprehended from the epidemic, as the season is too far advanced to endanger the health of strangers.—*N. O. Med. and Surg. Journal*.

TO CORRESPONDENTS.—A Letter from London, by Dr. March, of Albany, has been received, and we shall endeavor to find room for it next week.

DIED,—At St. Domingo, Dr. Marlet, massacred in the late insurrection.—In Canada, John L. Lee, M.D., drowned.

Report of Deaths in Boston—for the week ending June 10th, 65.—Males, 36—females, 29.—Stillborn, 13. Of consumption, 12—typhus fever, 6—scarlet fever, 2—disease of the heart, 2—disease of the bowels, 1—disease of the spine, 1—disease of the brain, 2—croup, 3—infantile, 6—child-bed, 2—hooping cough, 1—accidental, 3—old age, 2—inflammation of the lungs, 2—pleurisy, 1—cancer, 2—convulsions, 1—spasm, 1—marasmus, 1—cholera infantum, 1—dysentery, 4—diarrhoea, 1—hemorrhage, 1—poison, 1—bronchitis, 1—debility, 1—dropsy of the brain, 1—mortification, 1—measles, 1—teething, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 9—over 60 years, 8.

Foreign Med. Miscellany.—The Bishop of Oxford lately preached a sermon on behalf of the funds of the Hospital for Consumption, which were increased by the eloquence of his lordship to nearly £90.—The annual meeting of the Society for the Relief of Widows and Orphans of Medical Men, founded by Dr. Denman, the father of the present Lord Chief Justice, held its anniversary meeting at the Freemasons' Tavern, April 15, Sir C. M. Clarke in the chair, when a most liberal collection was made for increasing the funds of the Society.—The weekly returns of the Registrar-General, for the week ending April 8th, report the following decease from an absurd feat: "In St. George's Hospital, a coal-porter, aged twenty-four, from hæmorrhage from internal carotid artery, consequent on a burn of the mouth and throat by a red-hot poker, forced into the mouth by falling whilst carrying the poker between his teeth as a feat." Three days elapsed between the receipt of the injury and the decease.—A concours for the chair of surgery to the faculty, in which some of the first Parisian surgeons took a share, has just terminated in Paris. Amongst the competitors were MM. Vidal (de Cassis), Malgaigne, Robert, Maisonneuve, Chassaignac, and Laugier, the last of whom was successful in obtaining the chair.

BERKSHIRE MEDICAL INSTITUTION. 1848.

THE annual course of Lectures will commence on the first Thursday, 3d of August next, and continue fourteen weeks.

FACULTY OF MEDICINE.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.
 ALONZO CLARK, M.D., Professor of General and Special Pathology.
 GILMAN KIMBALL, M.D., Professor of the Principles and Practice of Surgery.
 CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.
 BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.
 ABNER H. BROWN, M.D., Professor of Materia Medica and Medical Jurisprudence.
 FRANKLIN A. CADY, M.D., Demonstrator of Anatomy.

Delegates from the Massachusetts Medical Society.

CORIDON GUITEAU, M.D.

HENRY L. SABIN, M.D.

FEES.—Fee for all the courses of Lectures, \$50; fee for those who have already attended two full courses at incorporated Medical Schools, \$10; Matriculation ticket, \$3; Students who have attended two courses at this Institution, will be required to pay only the Matriculation fee; Graduation fee, \$18; Library fee, \$1.

Students who propose attending the course of Lectures, will find it advantageous to spend a few weeks in the Reading Term, previous to the opening of the session, to which they will be admitted gratuitously.

The advantages of the Berkshire Medical Institution for imparting a full and thorough medical education, are certainly not inferior to any of the Medical Colleges of the country.

H. H. CHILDS, *Pres't of the Berk. Med. Institution.*

Pittsfield, Mass., April, 1848.

Apr. 12—tL

CRAIN'S SPINO-ABDOMINAL SUPPORTERS

For sale at the lowest wholesale price, by
 Feb. 9.—eplv

PHILBRICK & TRAFTON,
 160 Washington street.

ETHEREAL SOLUTION OF GUN COTTON,

For Dressing Wounds, Excoriated Surfaces, &c. &c. Sold at wholesale and retail, by WILLIAM B. LITTLE & CO., Druggists, 104 Hanover street. mh 22

MATICO.

A FRESH supply just received and for sale by
 May 17—tf

JOSEPH BURNETT,
 No. 33 Tremont Row.

TO SURGEONS.—ETHEREAL SOLUTION OF GUN COTTON.

THE properties of this solution as applied to Surgery, by Mr. S. L. Bigelow, are as follows. It almost instantly forms an unirritating coating or plaster of great strength and durability. In contracting, it brings the edges of the wound very firmly together, and being impervious to air and water, enables them to unite rapidly by first intention. It leaves hardly a perceptible scar. No sutures are required for simple incised wounds of any length. It affords protection for all excoriated surfaces, &c. mh22—tf

For sale by JOSEPH BURNETT, 33 Tremont Row.

PHYSICIANS' PRESCRIPTIONS.

WE take this method to inform Physicians and others in the city, that we constantly keep all the new remedial agents and medicinal preparations of the best quality that is produced, which will be dispensed in Physician's Prescriptions at all hours, day and night, by competent persons.

No efforts will be spared on our part to render our establishment second to none in the city as a Dispensary.

Feb. 9.—eplv

PHILBRICK & TRAFTON,
 160 Washington street, Boston.

J. C. NEILSON, M.D.,

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street, BOSTON.
 Apr. 12—eplv

PURE CHLOROFORM.

For sale by Joseph Burnett, Apothecary, No. 33 Tremont Row.

Jan. 5—tf.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JUNE 21, 1848.

No. 21.

SURGERY AND PHYSIOLOGICAL DISCOVERIES IN PARIS.

NEW METHOD OF TREATING FRACTURES—M. BERNARD'S RESEARCHES—PANCREATIC JUICE—BILE—CURIOUS PHYSIOLOGICAL EXPERIMENTS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Believing that you, and the readers of your Journal, might feel some interest in the new things of the medical profession of Paris, I propose to give you a brief account, or some sketches, of what fell under my observation during a short residence there of five weeks. I will also send you an extract from a letter of deep interest, which I received a few days since from a talented American medical friend, who has been residing in Paris for the last two years.

My time, during the hospital hours of each day, was mostly spent in the surgical wards of Hotel Dieu, Hopital La Charité and Hopital St. Louis. In Hotel Dieu I saw much of the practice and surgical operations of M. Roux, M. Blandin and M. Boyer (the son of the author of "Boyer's Surgery"). In Hopital La Charité I followed Velpeau pretty generally; though I saw him operate less frequently than the surgeons of Hotel Dieu. In Hopital St. Louis, Jobert is the prominent and leading man in surgery—although Malgaigne, who is a man of genius and of great energy of character, is fast gaining notoriety for his novel mode of treating oblique fractures of the tibia. I will not attempt to give you any account of the numerous operations which I witnessed in the Parisian Hospitals—nor of the good and bad surgical practice which came daily under my observation, and such as has been observed and described again and again by many experienced American surgeons—but will speak only of such points as, to me at least, were new.

Chloroform is universally and very successfully used by the surgeons of Paris; and withal, with more prudence and caution than we Americans are wont to regard the estimate in which human life is held by the bold French surgeons.

M. Jobert, who is perhaps 48 or 50 years of age, and who possesses a very commanding personal appearance, I consider one of the most growing surgeons of Paris. He is perfectly fearless, as his look indicates, and energetic in all his movements. He has a peculiar mode of treating fractures, which consists in adopting the principle of extension and coun-

ter-extension *alone*. He uses no *splints* nor *bandages*. He lays the limb on a plain, and somewhat firm surface, with its extremity a little elevated. In fractures of the thigh, or leg, he casts a roller a few times around the ankle and instep, and fixes the foot to the foot-bar of the bed; then a folded sheet or perineal belt is placed under the upper part of the *opposite thigh*, across the perineum and groin, behind the shoulder of the patient, and securely fixed to the head-bar of the bed. The patient is thus confined to his back; but the broken limb receives no pressure, directly or indirectly, in the seat of the fracture, which is perfectly *naked* and exposed for inspection, without any undressing or movement of the limb. I even saw a case of fracture of the humerus under the same mode of treatment.

You will probably inquire, with what success was this strange practice attended? I answer, generally pretty favorable. But I now hasten to give something still more new and startling in the practice of M. Maligne, to me at least, although it may not be new to you and the readers of your Journal.

One morning, in visiting his ward, I saw a stout, healthy-looking man, of about 40 years of age, lying upon his back, with fracture of the tibia and fibula about five inches above the ankle, which occurred fifteen days before. There was considerable obliquity in the direction of the fracture of the tibia, as was observable by the projecting and overlapping point of the lower extremity of the upper fragment. Inflammation and tumefaction had, in a great degree, subsided; and the limb was resting on a back splint with a foot-piece covered by a cushion, and sustained by lateral cushions and lateral splints—and I believe a cold linseed-meal poultice had been applied to the seat of the fracture, to abate inflammation. All the anterior surface of the limb was naked. So much for the condition of the fracture and the limb, and the apparatus with which it was surrounded. Now for the new and superadded apparatus, and its object.

The new apparatus consists simply of a steel plate or yoke, moderately semi-lunar, an inch and a half wide, and about eight inches long, with a mortice or fenestrum at each extremity, through which a broad piece of webbing is passed, having on one end a buckle attached, and a *screw pin*, two and a half or three inches long, with a thumb-piece at top, and a sharp bodkin-like point below for half or three fourths of an inch, which passes through a female screw in the centre of the plate or yoke. A handkerchief, or long towel, was passed around the ankle and instep, with the ends extending below the sole of the foot, with which powerful extension was made, while counter-extension was made from the knee, by which the overlapping point of bone receded, and was readily brought into its proper place. Next the centre of the yoke, occupied by the *screw pin*, was placed over the upper fragment of the tibia, about an inch and a half from the heretofore projecting part, and the *belt*, made to encircle the base and lateral splints, was tightly buckled; so that the *point* of the *screw pin* was made to perforate the skin on the anterior face of the tibia, at the point above de-

scribed as being occupied by the yoke. After this, the screw was turned down, so as to make its point enter some little distance into the solid substance of the tibia, which retained the obnoxious fragment in its proper place without extension. The dressing was completed by inserting a few pieces of deal between the lateral splints and the strap, or belt, on the principle of the wedge.

The surgeon stated that he had been greatly troubled in the treatment of oblique fractures of the tibia and fibula, although he had tried all the heretofore known modes of practice ; such as *extension* and *counter-extension—relaxation of muscles—position, elevation and depression—*and pressure upon the displaced fragment ; and that when he first thought of his new mode of treatment, he apprehended that it might be attended by inflammation of the skin, and for aught he knew, *necrosis* or *exostosis* around the pin. “But,” he added, “no such thing has happened in a single instance.”

I felt a deep interest in watching the result, of at least one case—so that I visited this patient once a week, for three weeks. And in confirmation of what the surgeon had previously stated in regard to other cases, not the least inflammation existed even in the skin around the pin ; and the limb was in good shape, and appeared to be fast uniting, which he (M. Malgaigne) said would be complete in thirty or thirty-five days.

The other new thing of which I propose to speak, is physiological ; that which relates to the function of the pancreatic juice, in the progress of digestion. I believe there can be no doubt of this being new, since it was not known even to the private pupils of the discoverer, three weeks ago. For the following brief and intelligent description of this new physiological discovery, as well as for some instructive remarks on the result of some surgical cases, the operations for the cure or relief of which, I witnessed before I left Paris, I am indebted to my early friend and pupil, T. W. Powers, M.D., of New York, who is an industrious observer and a close thinker ; and to whom I am much indebted for many favors received from his hands during my short stay in Paris. I have neither asked nor received his permission thus to use the extract from his letter ; nor do I believe it to have been written for the public eye—but the only apology which I can offer for the liberty I have taken, is, that it may be the means of doing good.

“I have nothing of much interest to communicate in a professional way. The two cases of vesico-vaginal fistula which you saw at Jobert’s, are doing very well. One is perfectly successful. The case in which you saw Velpeau tie the carotid artery, died from suffocation about thirty hours after the operation. The autopsy showed a great and general dilatation of the aorta, aneurism of the innominate, and enlargement of the right subclavian and carotid for an inch or two from their origin. The aneurismal sac projected from the posterior and inner part of the innominate, pressing directly upon the trachea. The sac was about as large as a small hen’s or pullet’s egg.—Velpeau tied the spermatic vein, the other day, in a case of varicocele. Phlebitis succeeded the next day, which was followed by purulent absorption and death. About the same

time he amputated the thigh of a man with white swelling of the knee, which terminated fatally ; and he ascribed the result to the same cause, viz., purulent absorption.

“The physiologist about whom you inquire, is M. Bernard. He promises to become one of the first experimental physiologists of Europe. He has already highly distinguished himself by his experiments and researches in digestion, and in the circulating and nervous systems. His researches with respect to the pancreatic fluid, are quite recent, and establish, beyond all question, the exact uses of that secretion. The following is the substance of what he has arrived at on this point. The pancreatic juice, when collected from a living animal (a dog, for example), by means of a fistula artificially established, has nearly identically the same physical character as the saliva, being limpid, colorless, slightly ropy, and rather heavier than water. It is constantly alkaline, and is coagulable by heat and strong acids, owing to the pressure of albumen. The saliva is slightly alkaline when collected pure, but never coagulable by heat or acids. When the pancreatic juice is put in contact with azotized aliments, as fibrine, albumen and gelatine, there is no effect produced. Putrefaction occurs in time, but no digestion. When applied to farinaceous substances, they are changed into sugar, which is absorbable. Thus far there is nothing new—all this having been previously established. He, however, has shown—and the *merit* of this discovery is solely due to him—that when this fluid is put in contact with fatty substances of every nature, as oils, animal fats, butter, &c., they are quickly digested or decomposed, and reduced to a state in which they may be absorbed into the circulation. This property is peculiar to the pancreatic juice, not being possessed by the saliva, gastric juice, bile, serum, nor by any other fluid of the animal economy.

“The pancreas, therefore, now takes rank with the most important organs of the system. I have seen him repeat his experiments with this fluid, and they are quite conclusive. The first effect produced, when you put the pancreatic fluid in contact with oil, or any fatty substance, is to form an intimate emulsion, which will not separate on standing. If you agitate oil with saliva, gastric juice, serum, or *pure* bile, or any other animal fluid, the mixture separates when in repose. (Bile of animals mixes, or makes an emulsion, with grease, by virtue of the pancreatic fluid that is frequently mixed with it.) After the emulsion is produced, the oil is decomposed into *glycerine* and a *fatty acid*, as the oleic acid, &c., which are absorbable, as well as the simple emulsion.

“He has also established another very important fact in regard to the digestive fluids—which is, that the union of the bile and pancreatic fluid produces a new and distinct fluid, having, in addition to the peculiar properties of these two fluids, another superadded, viz., that of digesting azotized substances, or, in other words, the properties of the gastric juice. It therefore digests all alimentary substances, and is altogether the most important of the digestive fluids. This is found in the duodenum in man, below the orifice of the ductus communis choledochus, and in animals below the orifice of the pancreatic duct.

By means of this fluid, which he calls the intestinal fluid, aliments which are not digested in the stomach, are acted upon in the intestines. The property that the pancreatic juice possesses of transforming starch into sugar, and which until now has been considered its chief property, is a very subordinate one, and by no means peculiar, as almost all the other fluids of the economy possess it, viz., the saliva, serum of the blood, liquid of cysts, &c.

“All the effects produced by the pancreatic juice as above described, are equally well seen by taking the pancreas of a freshly-killed animal, as a chicken, dog, pig, &c., and bruising it, and pouring a little tepid water upon it. Let it stand, or agitate it a few minutes, and you have an artificial pancreatic fluid, with which you can perform all necessary experiments. If you kill the animal in a state of digestion, the fluid will be more active, as the pancreas is then in a state of greater activity. In the same way you can make artificial gastric juice, by taking the stomach of an animal. But the pancreas must be quite fresh, and the pancreatic fluid changes very quickly and loses its properties, whereas the gastric juice keeps indefinitely.”

I am spending a few weeks in “the great metropolis,” in sight seeing, with my family, and in visiting its numerous hospitals, and rich pathological museums. I am making, also, further additions to a valuable collection of pathological specimens which I have procured in Paris for the museum of the Albany Medical College. I expect to visit Belgium, Holland, Germany and Switzerland, and, if time permits, Scotland and Ireland. If my life be spared I shall return to America in season to resume my duties in the College at the commencement of the forth-coming lecture term.

I am very respectfully yours,

London, May 22, 1848.

ALDEN MARCH.

ILLUSTRATIONS OF CHRONIC RHEUMATISM AT SARATOGA SPRINGS.

[Concluded from page 397.]

CASE V. *General Rheumatism of the Joints and Intercostal Muscles, complicated with Glandular and Pulmonary Tuberculous Suppuration—Death.*

Mr. M. Stanley, aged about 45, came from Rome, N. Y., to Saratoga, in the spring of 1845, for the purpose of submitting himself to a prolonged use of our mineral springs. He brought his family, and remained here till his death. In addition to the use of the waters, many remedies of the common treatment were prescribed, with varied success. These need not be detailed minutely; but, for pathological reasons, I have thought it might be interesting to give a brief outline of the symptoms and progress of the disease, till its termination. The following are the notes taken at my first interview.

May 27th, 1845.—Been employed in the manufacture of flour; thin; pale. Did business uninterruptedly till 1840. Previously dyspeptic. That year had hæmoptysis. Health miserable from that period. Re-

linquished business October, 1844. The rheumatic disease commenced two years since in fingers, wrists, shoulders; the shoulders very painful; the wrists and ankles swelled, and remained permanently enlarged. Soles of the feet tender. So lame as to use crutches. About this time limbs became more free, and there occurred glandular suppuration in the neck, which continued copious for six weeks. The diseased action then attacked the intercostal muscles on the right side and front of the chest, manifesting itself by pain, aggravated by the movements of respiration, coughing, &c. The seat of pain was not larger than the size of a silver dollar, but was a matter of loud complaint, and his greatest difficulty. The flesh over this place was tender on pressure. Has very poor digestion, is obstinately costive, and has taken many cathartics. Has taken morphine. Is much emaciated. Countenance bilious, anæmic, scrofulous. General indications of breaking up. Pulse 100, small, hard. Mr. S. was never afterwards free from the pain from the intercostal muscles or their aponeuroses, and nearly a year before his death, which occurred January 5, 1848, there was discharged half a teacupful of pus by incision from this region. At the same time that pus was daily discharged from this place and from some of the enlarged joints, tuberculous consolidation was progressing in the lungs, purulent expectoration and hectic. The simultaneous discharge of pus from the chest, externally and internally, became a matter of deep interest to Messrs. Allen and Whitney, into whose hands he had fallen through my inability to attend patients in the winter, as well as to myself; and I was able to call sufficiently often to notice the progress of events. There was never any clear proof that the purulent expectoration *originated* from the external abscess, making its way through the pleura to the cavity of the chest, and thence into the lungs.

From evidences arising from auscultation, position of the patient, and the general assemblage of the symptoms, we decided, before death, that the two regions of suppuration were entirely distinct and disconnected. This diagnosis was exactly verified on dissection. The right lobe of the lungs was a mass of tubercles in all stages of progress, small cavernous ulcers, pus, and the usual appearance of tuberculous phthisis. The pleura was imperforate, and so were the intercostal muscles contiguous. The subcutaneous, and, perhaps, intermuscular cellular tissue outside of the ribs, was deluged with pus of the ordinary appearance. No more unequivocal instance has ever occurred in my practice, of the co-existence, for a long time, of two distinct, specific, characteristic diseases in the same individual, affording the 999th refutation of John Hunter's dogma of the incompatibility of diseases. For the past ten years I have seen enough of chronic rheumatism in this place; but this is the only instance of death, in my knowledge, where that disease bore so conspicuous a part. Mr. Stanley, himself, often deplored that his physicians had, in their early treatment, disregarded his scrofulous tendencies, giving him calomel, antimony, and other reducing remedies. The benefit he received, always, from zinc and ipecac. emetics, and warming, cordial laxatives, confirmed him in this opinion. He observed that his powers were

greatly curtailed, and never could be restored, after a mild salivation which occurred some years since. This is the only, the uniform report of patients in whom the scrofulous diathesis is clearly developed.

CASE VI. *Rheumatism of the Dura Mater and Theca Vertebralis.*—Treatment, Congress water, baths, &c., interrupted by the patient's unwilling return home.

July 25th, 1846.—Mrs. C. E., from northern New York; say 22 years; sallow; pale. Two years ago last April had an attack of what was called intermittent fever, when her first infant was two weeks old. Confined to her bed. The fever “settled on the heart.” Had violent palpitation, which yet exists. Cannot lie on left side. Pain in spine and head. Progressive emaciation of right arm and leg, which are losing strength. Ends of fingers and toes cold. Many blisters have been applied to the back. Two spinous processes tender in the upper lumbar vertebræ. Cannot write nor sew, on account of loss of muscular power.

Tongue furred; appetite very poor. Has taken no meat for three months; produces heartburn. Is flatulent; costive; menses regular but scanty. Was salivated fourteen days, two years ago. Little effect. Pulse now 110, quick, and of common hardness. Directions—Three half pints Congress, mornings; one of the Pavilion before dinner and tea; bath of mineral water every second day, at 100°.

July 31st.—Four or five evacuations daily; appetite better than for five months past; sleeps poorly; baths favorable. Profuse sweatings the night after bath. The right hip quite painful; walks better. Pulse 110, small, hard. Directions—A cold shower bath daily of two buckets; Pavilion Spring water. Omit the Pavilion water internally, on account of its tonic qualities, and confine her potations to the Congress. Electro-magnetism ten minutes daily; the positive pole to the neck, and negative to the feet.

August 3d.—More sensation; can feed herself better; no sweating nights, but is feverish, since cold showers. Has had gastrodynia. Pulse 112, small, wiry, hard. Directions—Take three grains calomel and three of blue mass every night; resume warm bath at 90°; continue Congress and electro-magnetism.

19th.—Goes to-morrow. Countenance and pulse improved; better every way; toes much warmer; instead of losing power daily, the right arm and leg are steadily improving; pain of the head and spine much diminished. Can eat meat once a-day without inconvenience; no burning nor flatulence; pulse 100 and soft.

In February, 1847, she wrote me that she had been steadily taking Congress water in bottles to that time; that, with the exception of two attacks, like fits, for which her physician bled her with good effect, she has been slowly improving ever since she came to Saratoga.

CASE VII. *General Rheumatism—Disordered Digestion.*—Treatment, Congress water, warming purgatives, hot baths, electro-magnetism.

August 6, 1846.—Mr. B. A., of Massachusetts; age 47; pale. For fifteen years dyspepsia and torpid liver. Last April became languid, weak

and dejected. In May, acute pain and rheumatism became developed in left ankle ; after a week, went to right hip and knee ; then left leg became feeble. Walks on two crutches. Diarrhoea ; tongue red ; appetite indifferent ; particular in his diet ; acidity ; rolling of wind in his stomach, distress, burning ; breath short ; uses tea and coffee ; mind inactive ; intestinal secretions wrong in smell and color ; left ankle inflexible ; pulse 66, feeble, unequal, and constantly intermitting ; has intermitted thirty years. Many years troubled with palpitations. For many years standing still produces faintness, and compels him to lie down. Fingers tender and painful. Directions—Compound senna mixture two ounces, and three half pints Congress water each morning. Four more tumblers during day. Bath for one hour of mineral water every second day, at 100°. Diet, principally meat and bread.

14th.—One or two evacuations daily ; stomach improved ; appetite good and food easy ; skin warm and moist ; baths do not weaken ; walks better ; hands the same ; pulse 72, and only one intermission in 36 beats. Directions—Five minutes electro-magnetism through joints of fingers. Continue the rest.

18th.—Always warm and comfortable from bath ; no dyspepsia ; good sleep ; pulse 66, good. Feelings of improved vigor. Directions—Compound origanum liniment to the foot and ankle. Fifteen minutes electro-magnetism daily. Continue the others, raising the bath to 104°.

21st.—Both legs diminished in size, and stronger ; pulse 72, soft, equal ; bowels loose ; effects of bath pleasant ; fatigued before hour is terminated. Gained eight pounds flesh. Directions—Continue and increase the power of battery.

24th.—Limbs worse. Has omitted the senna mixture lately. Directions—Continue Congress water, electro-magnetism, baths, and two to four Dean's pills.

28th.—Pills operated thoroughly. Swelling and pain much diminished ; walks anywhere without crutches ; likes the baths, half an hour at 106° ; attributes much to them. Directions—electro-magnetism twenty minutes daily ; bath 106°, every second day ; three Dean's pills at night. Congress in the morning.

September 5th.—Ankle has scarcely a vestige of the swelling ; walks two miles. Gained half pound flesh daily for four weeks. Continue all.

8th.—Walks three miles. Better in all respects ; goes soon. Is advised to keep his bowels just soluble with—R. Tinct. aloes and myrrh, elixir pro. ℞ $\frac{1}{4}$; ferr. ammoniacal, ens. veneris, 3ij. Misce.

CASE VIII. *General Atonic Rheumatism.*—Treatment, Congress water, warming purgatives, baths.

Aug. 8th, 1844.—Mr. M. W. C., New York State ; age say 25. Well till last April, when a rheumatic pain commenced in the toe of the left foot ; a steady, throbbing pain. Then went to all the toes, ankle, knee, flesh back of sacrum, and that covering the tuber ischii. Hence, riding and sitting painful. A spot just commencing near elbow. The joint not enlarged. The pain obtuse. Cannot walk much from tenderness in the feet. The heels thickened. No trouble in the digestive process ;

slight flatulence ; bowels regular ; some hardness and distension of the epigastrium. Two or three tender spinous processes ; pulse 112, soft. Directions—Bath 100°, every second day. Pavilion water internally, in repeated quantities, as an alterative and tonic. Two ounces of the mixture composed of equal parts comp. tinct. senna and syrup of rhubarb, each morning.

10th.—Bath very agreeable ; back less painful ; feet same ; pulse 96. Go on.

12th.—Pulse 96, soft. Continue all.

15th.—Pulse 112 and soft ; heels worse ; better at stomach ; countenance better ; some griping. Directions—Zinc two grains, myrrh two grains—pills ; take four a-day. Omit senna mixture. Continue the Pavilion Spring water freely.

17th.—The zinc pills nauseate. Directions—Twenty grains ipecac. at 6, P. M. Substitute Congress water, and take three tumblers in the morning and two more during day.

20th.—Severe nausea ; vomited ; better. Continue Congress and baths. In a depressed state of mind he left the next day, as many do, quite uncertain whether he had not lost all his trouble at Saratoga. In the following summer his mother was in my office, and stated that he went away discouraged, but his friends were astonished at his improvement on his reaching home, near the Hudson river. As soon as he was rested, he began to walk to his store. Within a week he dismissed one of the canes he had used constantly while here, and in six weeks forsook both. Soon resumed his commercial business in New York city and at home, and continued it all winter. Is as well as any young man, exposing himself freely to water, weather and hard labor.

I dismiss this subject, by saying a few words on the discrepancies both in the phraseology and treatment of rheumatism. These discrepancies are notorious. But what definite idea occurs to the reader from the expression, acute rheumatism ? inflammatory rheumatism ? hot or cold rheumatism ? And so of the treatment. Dr. James Johnson, of London, took unmeasured pains to protest against hot baths in this disease. Yet not a summer passes here without my prescribing scores of them, and with unmistakable success. The celebrated Professor Davis, of London, *never failed* of curing this disease with cinchona. During my miscellaneous practice, many years since, I occasionally used cinchona with the best effects ; and now think it better than quinine, and next to sulphate of zinc in appropriate cases. It is true, also, that many patients have recovered rapidly under copious cold affusions, cold bathing, falling into winter streams, &c.

Now, with all these conflicting, ambiguous and perplexing views and statements in our medical literature, what is the young physician to do ? How can he systematically order his treatment, and feel that he is in the right track ? If he has established for himself a satisfactory theory and basis of practice, and can reconcile the current statements of authors so as to escape embarrassment in the discharge of his responsible duties,

he is hereby cautioned to take heed how he reads and what he reads, lest he fall into doubt and confusion.

But to those who have not yet satisfied themselves on this point, I hope to be pardoned for the immodesty of suggesting to them a system of diagnosis and treatment which has, for many years, appeared satisfactory to myself. Let them at once discard the terms *inflammatory*, *acute*, *hot*, *cold*. The questions are, what is the *present condition* of the patient? Has this specific inflammation fallen upon a person whose blood is fibrinous? Is there really increased heat in the joints? Are all the movements of the system strong and unbridled? Above all, is the pulse *hard*, *incompressible*, *wiry*, and not very frequent? Is the case **ATONIC** or **ENTONIC**?

I must acknowledge myself greatly attached to these last terms. Inflammatory rheumatism means nothing definite to me; and it has no correlative term. Nobody will aver that chronic is the correlative of inflammatory. Acute and chronic rheumatism are not correlative; and there is great confusion in the terms. But when we pronounce correctly, in whatever stage, that a disease is entonic, we know what to go about. So of atonic. If a man has been deterred by Galen's mischievous dogma—"pulsus res fallacissima"—from recurring to the pulse, connecting and comparing it with the whole pathological condition of the patient, as his very best guide in the treatment, he will scarcely appreciate the sincerity and earnestness of my remarks.

I speak of the pulse only as the leading guide. The heat of the flesh, color of the countenance, appearance of the blood, if drawn, habits of the patient, &c., are to be associated. I add the following classification of remedies, as a further auxiliary both to the diagnosis and treatment, and as a further illustration of the whole preceding remarks.

ENTONIC RHEUMATISM.		ATONIC RHEUMATISM.	
<i>Juvantia.</i>	<i>Sedentia.</i>	<i>Juvantia.</i>	<i>Sedentia.</i>
Venesection	Heating purgatives	Hot min'l baths	Bleeding
Calomel	Compound tincture	Comp. tinct.	Salts
Salts and senna	of guaiac.	guaiac.	Cool dress
Antimony	Quinine	Quinine	Calomel
Colchicum as a	Cinchona	Cinchona	Tartar emetic
cathartic	Hot baths	Zinc	Cold showers
Cold affusion	Hot fomentations	Saratoga waters	Hydrotherapy
Spare diet	Tonics	Opium	Cold rides
Hydrotherapy	Meat diet	Flannels	Cold baths
Opium and calo-	Saratoga waters	Nutritious diet	Vegetable and
mel	Flannels	Hydriod. potas.	spare diet
Cool regimen	Hot feather beds	Shampooing	Prolonged mus-
Hydriodate of	Shampooing	Hot fomenta.	cular exertion
potass.			

Saratoga Springs, June 1st, 1848.

M. L. NORTH.

LITERARY AND PROFESSIONAL COURTESY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I read, with a profound degree of interest, which peculiar circumstances of domestic life, unnecessary to name, did not diminish, the direct and practical observations on the comparative merits of Cuba and Florida, as places of winter resort for invalids, in your number of May 3d. Independent of your reference to the writer, as no insignificant person in the profession, I saw in the tone of his remarks nothing calculated to invite coarse and discourteous language from those of different sentiments; still less, that there were personal and selfish views in his disapproval of Florida and preference of Cuba. The permission that you should furnish the gentleman, whose invitation to discuss a new project he had accepted, with his name *privately*, does not look as if he were one to be charged with unworthy personal motives, with being “a hired satellite or purveyor”—“unwarrantable abuse of every honorable intention”—“supplying his friendly landlords with customers”—as “a self-righteous Pharisee, who advocates scenes of dissipation as a diversion and moral attraction for invalids”—as “guilty of such unprincipled perversion of truth”—“a traitor in the bosom of his country,” and other intimations and charges, which no professional gentleman could deserve, still less apply. Let every courteous and high-minded physician, for the credit of his calling, set his face against such language as this, even in the heat of controversy; still more, in what appears, on recurrence to it, to have been in a moderate, respectful, and even kindly expression of opinion and personal experience, on the part of a writer, anonymous to the public, but not unknown, it would seem, to you or his rude adversary.

My object, however, in taking up my pen, was not so much to express disapprobation of such a spirit and manner, as to apprise you and your readers of a fact in this connection, which must fill your mind with astonishment, not unmixed with another sentiment. Noticing in the reply of Augustus Mitchell, M.D., some phrases, presented as if in quotation from the article he was criticizing, which did not strike me as like the tone and manner of his opponent's language, I looked up the back number, and found, to my surprise and regret, that in no less than six places, in his three and a half pages, sentences are marked with quotations, *as if extracted verbatim from his author*, which, on comparison, prove either not to be there at all, or *are essentially changed* in words, signification and temper. At the foot of this page,* I will present the proof of this for

* Page 383, 2d line from top, compare with original, page 277, 25th line.
 “ 383, 10th “ “ “ no similar passage.
 “ 383, 44th “ “ “ p. 276, line 11th.
 “ 384, 24th “ “ “ p. 273, line 30th.

This contains three specific *statements* as if quoted, no one of which appears to be sustained by the original.

Page 385, 9th line from top, compare with original, p. 279, line 44th.

Page 385, line 11th, contains an entire sentence in quotation marks, and the additional introduction that “then we are informed,” when in fact no such language, or such idea, is found in the original.

your editorial eye, feeling confident that you could not believe so strange a statement, unless you had personally verified the fact. I dare not attempt to give the comment, lest I should run into the very error I was just reprobating. The moral for professional controversialists, may perhaps be as strong "without note or comment."

A PHYSICIAN OF THE OLD SCHOOL.

MORAL OBLIGATION OF PHYSICIANS.

[A CORRESPONDENT, in allusion to an article that appeared in this Journal, two weeks since, writes thus :—]

DEAR SIR,—While reading an article in your last Journal, entitled "Nocturnal Emissions in a Married Man," I was prompted, from its *peculiar character and style*, to inquire the true object of communications addressed to the profession through the pages of medical periodicals, and to ask whether writers are not called upon to conduct their investigations, and method of communication, "with a fair show of modesty," or at least decency, and to state the peculiarities of disease, with its deviations, in as explicit and delicate a manner as possible, to avoid giving cause of unpleasant feelings to the unfortunate subjects of disease, should the description meet their eye. Medical men have unfolded to their view not only the physical machinery of life, in its healthy and diseased bearings, with power to learn, by absolute study, the various reciprocal influences exerted upon the mental and moral powers; but, from the nature of their duty, become acquainted with the social relations of society, being received into families with greater privileges for obtaining a knowledge of individual failings, physical and moral, than the members of other professions. Indeed, family secrets often become gradually unfolded to them, which are sedulously cloaked from public scrutiny. The physician who unnecessarily exposes any of the moral delinquencies of patients, under the pretext of communicating knowledge to the profession, or offers a chance for its being made public in its personal connection, proves recreant to the trust reposed in him, and is unworthy of public confidence, and the support of his brethren in the profession. Such a course would of necessity engender a feeling of distrust, tending to undermine the confidence of the people in the honesty of the profession, when directing their inquiries in search of all the influences operating against the health of patients under their care and treatment.

Boston, June, 1848.

SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE SOLUTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In continuation of the cases already reported in two former numbers of your Journal, I transmit the following, which occurred last summer.

The success of this new adhesive material in the first of the cases now detailed was, after personal observation, reported and published by Dr. Mason, of Lowell, in August last, and was copied into various public journals. I have here more minutely presented the operation, as it most satisfactorily demonstrates that sutures of all kinds, including hare-lip pins, may be advantageously dispensed with in plastic operations. The usual results of ulceration of the threads and pins are at once obviated by the use of the adhesive solution.

CASE V.—This was a severe plastic operation, performed last July by Dr. Whitney, for the relief of an unsightly deformity of the face, the consequence of a burn received in childhood. The subject of this operation was a young lady of 18. This unfortunate female presented a truly frightful appearance. Every lineament of her face was distorted. The right ala of the nose was partially destroyed and drawn to one side. The upper lip was retracted towards the malar bone and everted; the lower lip, also everted, was drawn downwards and outwards, while the central portion was adherent to the chin by a callous cicatrix. The lips, thus widely separated by the loss of substance in their levator and depressor muscles and the adjacent cellular tissue, not only exposed the teeth and gums of a large portion of the upper and lower jaws, but rendered it impossible for the patient to retain in her mouth either liquid food or her saliva.

The ectropion of the lower eyelids was so great as to expose the conjunctiva of the lids to the extent of one third of an inch in depth, subjecting the denuded eyeballs to constant irritation from dust and air, and also preventing their closure in sleep.

To remedy these sources of inconvenience, as well as to improve her hideous features, was the object of the operation. For this purpose, deep and lengthened incisions were made to pass around each eye near the edge of the everted lids, and the integuments dissected from their unnatural adhesions. The same were necessary along the side of the nose, the borders of the lips, and around the chin. Portions of cicatrix, of almost cartilaginous hardness, were also cut away from various portions of the face, in order to obtain the requisite freedom of movement for the lips and lids. The dissections requisite for the release and readjustment of parts so greatly displaced, were of course somewhat tedious. Being completed, each part was now capable of being brought to its place of destination.

The whole success of the operation now depended upon being able to retain the several parts in their new and proper position, while the process of cicatrization was being completed. Relying upon the adhesive solution as the most efficient agent for the attainment of so desirable an object, it was selected and adopted in preference to all others.

A strip of cotton cloth, half an inch in width, was moistened at one extremity with a few drops of the adhesive solution, and attached near the tarsal edge of the eyelids. Waiting a few seconds for it to thoroughly dry and become firmly adherent, the lids were then raised by these straps until they properly protected the globe of the eye. The other end of the

strap was then placed against the forehead, and made adherent with the solution. The right ala of the nose, dissected from its unseemly position, was, by a strap attached to its surface, drawn into its proper centre, and there retained, by the other extremity of the strap being moistened with the solution and placed in contact with the left cheek.

The misshapen mouth was then re-modelled by restoring the lips to their natural position by means of straps applied in different directions, and made to permanently adhere through the medium of the solution. A further description of these would be needless. It is sufficient to state that permanent support and perfect retention was by this new method afforded to the various parts in their new positions, while the too great retraction of those portions left to granulate was also prevented.

These dressings were found, on the fifth day after the operation, to be still perfectly adherent. They were only changed during the whole healing process, as they became soiled from the suppuration of the granulating surfaces.

The next case which I have selected as of sufficient interest to be inserted in this surgical report, presents a striking instance of the rapidity with which wounds resulting from severe surgical operations may be made to heal by the first intention, when the necessary conditions for that process are afforded nature, through the medium of art.

CASE VI.—This was an operation for the removal of a tumor of the parotid gland, which was performed August, 1847, by Dr. Whitney. The subject was a female, about 40 years of age. The tumor, which, when first observed, was quite small, had been gradually increasing, until it had acquired the volume of a pigeon's egg. Its general shape was globular, though slightly irregular on its surface. It was somewhat moveable, and possessed of medium density. The diagnosis of this tumor being that it was an enlargement of one of the lymphatic ganglions of the parotid rather than of the gland itself, and its presence interfering with the free motion of the jaw, the patient's desire for its removal was acceded to.

An incision was made from a point just in front of the tragus of the ear, and following the line of the ramus of the lower maxillary bone; another incision was made from the commencement of the former one, and directed in a semi-circular direction, downwards and backwards, passing under the lobulus of the ear, towards the mastoid process. The flap thus formed was dissected from the subjacent parts, until the whole surface of the tumor was fairly exposed. The body of the tumor being seized with a "pince de museaux," was by an assistant drawn to one side. It was then cautiously dissected, proceeding alternately with the blade and handle of the scalpel, in order to avoid wounding the large vessels with which it was closely connected. It was fortunately removed with very little hemorrhage. The cavity left after the extirpation of this tumor was, as may be inferred, of such size as to render union by first intention almost hopeless. Deeming it another excellent test case for my adhesive solution, the attempt was made.

The parotid cavity being thoroughly sponged, and all oozing of blood

having ceased, the edges of the wound were placed in the most exact apposition, and retained in place by narrow pieces of tape attached through the medium of the adhesive solution. A small space was left at the lower extremity of the wound to permit the escape of any accumulation of fluid which might occur. Immediate union of the wound took place. On examination of the wound on the third day, it was found to be perfectly adherent throughout its whole extent, the line of the incision being scarcely perceptible a few feet distant, except at the point intentionally omitted, where the scar was of greater width.

JNO. PARKER MAYNARD.

COMMUNUTED FRACTURE OF THE PATELLA.

[PROF. P. F. EVE, of Augusta, Geo., relates the following case in a late number of the Southern Medical and Surgical Journal.]

This case produced great excitement at the time it occurred, or rather when agitated by a conflict with the law. It is the one, for which a suit of malapraxis was commenced against me in our Superior Court—damages laid at \$10,000—but which the plaintiff's attorney abandoned soon after my testimony was partially presented at the trial.

On the evening of the 16th of May, 1841, I was called to see Mr. B., in conjunction with my cousin, Dr. J. A. Eve. While driving a horse in a buggy, he had been kicked on the knee, and had fallen to the ground. The leg had therefore been flexed upon the thigh subsequent to the accident, which occurred about a mile out of the city, and an hour or two before we saw the patient. A transverse fracture of the patella was readily detected; as the patient was young and in good health, the immovable apparatus was proposed as the most certain means of securing union in the broken bone. This was accordingly applied at once, embracing the foot, leg and thigh. The usual number of daily visits were made, a dose or two of morphine and some opening medicines were administered, and on the 22d, six days after the accident, a roller bandage was applied over the whole apparatus to keep it in close contact with the limb, as it had become a little loose by drying and the shrinking in the soft parts. The next day the patient complained of pain, for the first time, in the knee-joint, and the whole dressing was removed. The limb was found cool and pale, owing probably to the compression, but chiefly to the position of it, it having been kept constantly elevated at an angle of about 45 degrees. The knee and the parts below soon after this began to swell, and Drs. Hook and Dugas were added to the medical council. The unfavorable symptoms continuing to increase, amputation of the thigh was performed on the 26th, ten days after the accident. The patient had a good recovery from this operation.

In examining the knee-joint, it was found filled with dark grumous blood, a portion of the cartilage of the internal condyle of the os femoris was chipped off, and the patella fractured into a number of fragments. The portion of the adductor magnus muscle which passes down to be

inserted into the internal condyle of the thigh bone, was moreover in a sphacelated condition.

On June 13th, I was called to attend to an infant in the father's family of this patient, which was so ill that it died. As late as August I was employed to adapt an artificial leg to the stump, and it was not until the next winter that the suit was brought against me.

A statement of the case, with interrogatories, were sent to eminent surgeons of Boston, New York, Philadelphia, Charleston, the interior of this State, &c., and by the aid thus obtained, through the efficiency of my attorneys, Messrs. Cumming and Jenkins, I was prepared for trial on the day appointed in June, 1842. My thanks are due to Dr. G. W. Norris, of Philadelphia, for putting at my disposition Seutin's work on the Im. Apparatus, just then arrived in this country; and I cannot refrain from inserting here the noble reply of Prof. Geddings, of Charleston, when the question was propounded to him, what is the result of such accidents as the one I was called upon to treat—"*death of the patient, either from mortification or tetanus.*" This controversy but the more fully convinced me that I belonged to an honorable profession, and was the associate of high-minded, dignified and liberal gentlemen. I have yet to learn that a want of success in every case is any disgrace, or that this trial ever injured me. My private class, the next winter after it, paid all my expenses, amounting to \$700. I have freely forgiven all who may have ever wished to slander or wrong me, and I can now allude to the circumstance without an unpleasant emotion.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 21, 1848.

New Treatment of Bronchial Diseases.—Dr. William Gray, of New Hampshire, has constructed some curious apparatus for the purpose of inhaling certain medicinal vapors, with the object of allaying inflammations of the bronchial tubes, and lungs. A metallic box, some two inches in diameter and half an inch in thickness, contains a coiled steel wire. Over that he pours a volatile mixture—the wire affording extensive surface merely. When the box is closed, a flexible tube being attached to the side, the patient inhales the preparation. Of the benefits to be derived from the practice, those who have submitted to the process must be the best judges. We have merely examined the instrument, but have had no opportunity of conversing with gentlemen who have tested its properties. A leading idea of the inventor, if we understand him, is, that his method of applying a medicine to the inflamed membrane is an improvement on the common plan of introducing brushes charged with articles intended to produce the same result. And besides, Dr. Gray believes that he reaches farther, by his process, into the diseased lungs, than it is possible to do by any other means.

Operations of Minor Surgery.—The every-day surgery of the whole country, belongs, in reality, to the minor class of operations. No one can be constantly engaged in lithotomy, amputating at the shoulder, reducing luxations of the hip, tying great arteries, or excising deeply bedded tumors. They are the extras in practice, which a favored few, by general consent, wholly monopolize. These are surgeons of a far-spread fame; but the noiseless, skilfully-practised, every-day surgery, every where required, although exciting no particular attention, must not only be well taught, but also written upon, that it may not deteriorate by falling into incompetent hands.

A treatise, fresh from the press of Messrs. Lea & Blanchard, Philadelphia, by F. W. Sargent, M.D., comes out at an appropriate period. The descriptions of the mode of doing things, are clear and precise, besides possessing the rare merit of being short. Some of the cuts are good, and others are not good enough for the excellent book in which they are exhibited. Without attempts at originality, Dr. Sargent seems to have striven to collect and concentrate, from reliable sources, the essence of those who have preceded him, making such additions as have naturally been developed by the progress of surgery in the best schools of Europe and America. Success to the undertaking. Young authors should be encouraged, and especially when encouragement is merited. Students will find Sargent's *Minor Surgery* a necessary accompaniment of Dr. Smith's, published in the same city, and without them they will be poorly fitted for the responsibilities of general practice.

A Case of Typhus Fever.—A pamphlet of twenty-eight octavo pages, by that veteran medical inquirer, William Ingalls, M.D., addressed to the editor of the Boston Medical and Surgical Journal, was issued the last week. A leading caption reads thus:—" *The muscular fibre the seat of typhus.*" Dr. Ingalls displays an extensive knowledge of books in this little treatise, besides a familiarity with all the doctrines that have been taught, from Cullen to the present day; and further, indicates the workings of his own active, discriminating mind, in a manner to interest and instruct those who may study the publication. As this pamphlet will probably be seen by many of our readers, we abstain from copying, at present, any part of the author's remarks.

The Ether Controversy.—Another pamphlet (in answer to the one just issued by the Messrs. Lords, vindictory of Dr. Jackson's claim to the honor of having discovered the value of ether inhalation), may soon be expected. Report says that Mr. Bowditch, one of the trustees of the Massachusetts General Hospital, is the author. Thus, as heretofore intimated, the contest is likely to be perpetuated while the several claimants continue able to write and publish.

Connecticut Medical Convention.—Our thanks are due to some one for a copy of the proceedings of the late annual Convention of Connecticut, which was held at New Haven, May 10th. Archibald Welch, M.D., of Weathersfield, was re-elected President; Geo. Sumner, M.D., Vice President; V. M. Dow, M.D., Treasurer; and Gurdon W. Russell, M.D., Secretary. The Connecticut Medical Society is a venerable institution—

the first annual address before the members having been given by Dr. S. H. P. Lee, in 1794, which is about as far back as any of the scientific or literary associations of this country extend. From an examination of the system of organization, and the yearly doings of the Society, it is inferred that no internal feuds have ever disturbed the even tenor of its course. Peace and harmony are its characteristics, while the leading objects contemplated by the charter, have been carefully and vigilantly pursued. A dissertation was delivered on the late anniversary, by B. F. Barker, M.D., of Norwich, on "Some forms of Disease of the Cervix Uteri," which is no ordinary production. He appears to be a man of extensive professional reading, close observation, and discrimination, which are the essential elements of an accomplished physician. Under the orderly arrangement of causes, symptoms and treatment, Dr. Barker has given not only his own opinions and the results of his experience, but a synopsis of the best system of practice known to the profession. Dr. B. states that it is his conviction that a large majority of cases of prolapsus, dysmenorrhœa, menorrhagia and leucorrhœa, arise from organic disease of the cervix uteri.

Halsted's Journal.—A monthly periodical, on a quarto sheet, having on its front a huge wood cut, and published at Rochester, N. Y., has excited some curiosity, from the circumstance that it is such a complete *omnium gatherum*, that it is rather difficult to determine, at sight, what object is contemplated by the editor. It is asserted, however, that "physiology, exercise, health, education and moral development are the subjects to which the periodical is to be devoted. After' a thorough examination of the contents, we have arrived at the conclusion, that M. H. Halsted is a shrewd manager, who intends making an honest penny by any lawful means within his reach. A cluster of buildings has been christened Halsted Hall—being nothing more nor less than a new hydropathic enterprise, where the most terrible of physical calamities are to be readily obviated. There is scarcely a morbid twinge recognized by the nerves, according to the hydropathists' accounts, that has not been speedily removed by water, scientifically administered—and it is absolute heterodoxy, with a host of people, to deny the potency of pure water. Medicine, administered even by the wisest physicians, sinks into insignificance in their estimation, compared with the magic influence of a wet sheet, or a douche, provided they are taken at a legitimate water-curing institution. Highly as we estimate the real virtues of water, we think the farce of the misnamed "water-cure" must eventually come to an end. It is not possible that every hotel that is unsuccessful can be converted into a hydropathic hospital. Mr. Halsted's Journal will, we presume, trumpet his own praise, and cater for Halsted Hall, by bringing patients to it who might otherwise remain at home.

American Institute of Homœopathy.—This Society held its fifth annual session in the city of New York at the Society Library Room, Broadway, on Wednesday, the 14th inst. Nearly one hundred members were present. W. Williamson, M.D., of Philadelphia, was elected Chairman. E. Bayard, M.D., of New York city, was re-elected General Secretary, and R. A. Snow, M.D., of New York city, Provisional Secretary. Nearly thirty

new members—graduates of our medical schools, or licentiates of regular standing in practice—were admitted. The reports of committees appointed at the last session were read, which called forth interesting and animated discussion. On the evening of the 14th, a public address was delivered by J. Jeans, M.D., of Philadelphia, on superstition regarding the practice of medicine. The session was continued on Thursday the 15th, by two meetings, occupying the whole day. These were spent in hearing the reports of committees and in discussing the various subjects which were therein presented. B. F. Joslin, M.D., of New York city, was appointed to deliver the public address at the next annual session. The institute then adjourned to meet at Philadelphia on the second Wednesday of June, 1849.

To the Editor, &c. SIR,—In answer to the funny question in the last number of your Journal, by an "Alpha," I would give my opinion that it would take about as great a quantity of the 30th homœopathic dilution of the tincture of opium to contain the strength of one drop of laudanum, as it would take "Alphas" to comprehend the true spirit of the homœopathic doctrine.

Yours, J. B.

Medical Education in the United States.—The following notice of that portion of the proceedings of the American Medical Association relating to medical education, is from the Western Medical Journal.

"Dr. Wellford, of Fredericksburg, Va., now proceeded to read the report of the committee on medical education, of which Dr. Stevens was chairman. The report was accompanied by a number of resolutions, three of which had an important bearing upon medical schools, and in substance are as follows:—1st. That the plan of education in any medical school must be considered radically defective, which does not embrace anatomical dissections by the pupils, and clinical instruction. 2d. That it be recommended to medical schools in the country which have not already done so, to extend their sessions to five months. 3d. That it be recommended to the Faculties of the several medical schools to associate with them, in the examination of their students for the doctorate, a number of physicians not connected with the schools.

"The first of these resolutions passed unanimously. The second was adopted with little division, though it is known that not a few gentlemen in the Association connected with medical schools, question the policy of lengthening the lecture term. Upon the third, the vote was by no means unanimous."

MARRIED,—Dr. T. S. Pinneo, of Cincinnati, to Miss J. Linsley.—W. M. Brown, M.D., of New-ark, N. J., to Miss M. C. Freeman.

DIED,—At Hampton, Conn., Isaac C. Clark, M.D., 53.—At Newtown, Conn., Dr. Kellogg Berry, late of Sharon, 85.

Report of Deaths in Boston—for the week ending June 17th, 43.—Males, 19—females, 24.—Stillborn, 7. Of consumption, 11—typhus fever, 3—lung fever, 3—erysipelas, 2—intemperance, 1—dropsy of the brain, 2—disease of the bowels, 2—inflammation of the bowels, 1—dysentery, 1—croup, 1—infantile, 2—drowned, 1—pleurisy, 1—inflammation of the lungs, 4—accidental, 2—child-bed, 1—apoplexy, 1—dropsy, 1—disease of the kidney, 1—teething, 1—burns, 1

Under 5 years 16—between 5 and 20 years, 7—between 20 and 40 years, 10—between 40 and 60 years, 4—over 60 years, 6.

Medical Miscellany—Dr. A. E. Holmes has been appointed Superintendent of the Columbia Railroad.—Cholera is said to have appeared at Aleppo, and several towns in Syria.—Typhus fever has become very prevalent among the crews of the Mediterranean fleet.—The cholera has broken out both at Constantinople and Moscow.—The vomito has again appeared at Vera Cruz.—Dr. McNabb, of Manchester, N. H., is under arrest, accused of having caused the death of a female, by inducing abortion.—An island has been secured by the government near Pascagoula, in the Mississippi river, containing about 80 acres, for a military hospital.—The "Obstetrical Remembrancer" is noticed in a western Medical Journal under the misspelt title of *Obsolete Remembrances*.—Dr. Fenner, one of the editors and founders of the New Orleans Medical and Surgical Journal, has withdrawn from the editorship which he has worthily filled.—Dr. Holmes's report on Medical Literature, to the Medical Association, at Baltimore, last month, is condemned in no measured terms in the last number of the Southern (Augusta) Medical Journal. The Western Journal, at Louisville, on the other hand, speaks of it as "able and judicious."

NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

THE fifty-second Annual Course of Lectures will commence on Thursday, the 3d of August, 1848, and continue fourteen weeks.

Hon. JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

DIXIE CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.

E. E. PHELPS, M.D., Prof. of Materia Medica and Therapeutics.

O. P. HUBBARD, M.D., Prof. of Chemistry and Pharmacy.

J. ROBY, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.

E. R. PEASLEE, M.D., Prof. of Anatomy and Physiology.

GEORGE B. UPHAM, A.B., Demonstrator of Anatomy.

Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.

Hanover, N. H., May, 1848.

(My 24—eptL)

E. R. PEASLEE, Sec'y.

MONS. JEAN LEDOYEN'S DISINFECTING FLUID.

MONS. LEDOYEN, a French chemist of distinction, after much research and a series of experiments has the honor of discovering a disinfecting agent of unequalled power and qualities. The undersigned would call the attention of medical and chemical men to this agent, and furnish them with it for experiments without charge.

In the sick chamber this fluid is invaluable. It will destroy the putrescent effluvia arising from the excretions of the bowels. By putting a quantity of the fluid in a stool before using it, whatever passes the bowels will be decomposed in coming in contact with it, preventing the diffusion of the offensive effluvia. Particularly is it useful in malignant fevers or smallpox, purifying the air, benefiting the patient, and removing the danger of infection. Bodies, after decease, may be kept weeks, if necessary, by its use, without becoming in the slightest degree offensive.

It is superior to chloride of lime or of soda, as the gases arising from these are very offensive, and sometimes injurious, while this preparation will destroy offensive smells without leaving any of its own.

The contents of the bottles are prepared for sick rooms and local applications, such as erysipelas, fever sores, ulcers, burns, scalds, chilblains, &c. Price 50 cents.

For sale by the gallon also, for disinfecting purposes wholly, such as water closets, privies, cess pools, steerage of ships, &c. By an application of this fluid, merely sprinkling the sides and surface of vaults, all unpleasant effluvia is at once destroyed. The virtues of this preparation are not impaired by age or exposure, and it will keep in any climate.

For further particulars, we refer to our pamphlets which may be obtained of us or our agents.

POULIN, ROGERS & KEENEY,
39 Merchants Exchange, New York.

June 7—tf

T. R. HAWLEY, Agent, No. 97 Washington St., Boston.

MATICO.

A FRESH supply just received and for sale by
May 17—tf

JOSEPH BURNETT,
No. 33 Tremont Row.

AYER'S CHERRY PECTORAL.

AN Anodyne Expectorant, prepared on the new plan of combining the isolated, active principles of medicine, in their purity; a plan which is found to give an energy and certainty of remedial effect far surpassing any other in use. The substances of which it is composed are those known to be most relied on for the relief of pulmonary disease, viz.: Morphine, Sanguinarine, Emetine, Tart. Ox. Antim. et Pot., Hydrocyanic Acid, Saccharum, Spt. and Aqua; combined so as perfectly to resist the action of time; and affording to physicians a compound of free, permanent hydrocyanic acid—a desideratum in medicine not hitherto obtained. Its formula has been published in this and other Medical Journals, and also submitted to some of the highest medical authorities in this country, among which are the Berkshire College of Medicine, Pittsfield, Mass.; Willoughby Medical College, Columbus, Ohio; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton, Vt.; Geneva Medical College, Geneva, N. Y., and also in manuscript to a large part of the medical faculty of the United States.

The attention of practitioners is respectfully solicited to this preparation, and it is confidently believed it will commend itself to their favor and confidence, having been found an invaluable remedy in treating the most obstinate as well as milder forms of pulmonary disease.

Prepared by JAMES C. AYER, Lowell, Mass. Sold by Druggists and Apothecaries generally in the Northern, Middle and Southern States, the British American Provinces, and in some of the Independent Republics of South America.

March 22—ep4t&eoptf

are communicated by touch or contact, and it is expedient that we confine ourselves rigidly to the *literal* meaning of the term. By such an adherence we should avoid much confusion and misunderstanding. The following diseases are strictly contagious, and none others are so—viz., variola, kinpox, the venereal disease, itch, porrigo favosa, &c. Do these often occur spontaneously, or epidemically? Can they be transmitted except by contact or near approach? None of these disorders can be communicated except by contact or touch, and hence they compose a class of diseases unlike all others.

[To be concluded next week.]

PUNCTURING THE THORAX IN DISEASE OF THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal for May 24th, 1848, you have given us an interesting account of Mr. Sherwin's case of *collapse of the right lung*. Its history, and the means resorted to by him for sustaining his *general health* (in the most critical situation) by the continued use of "*free mountain air and abundant exercise*," with "*little medicine of any kind*," were quite interesting to me, as also the suggestion by yourself as to the propriety of discharging matter from the chest or lungs when, from the violence of inflammation, suppuration has taken place.

Reading this case reminded me of an account given me some sixteen or eighteen years ago, by a gentleman in Madison county, N. York, who at that time, judging from his appearance, must have been 35 to 40 years of age, in good health and powers of endurance. The history of his case, to my best recollection, was as follows:—"Some seven or eight years ago, I took a violent cold, which settled on my lungs, and resulted in what physicians and friends considered pulmonary consumption, with the gloomy prospect of a speedy and fatal termination. Comparing my own case with those I had seen and heard of, I could detect no difference but that I believed I suffered more from *pressure* and *weight* in the chest than is usual in such complaints. As the disease progressed, I continued to feel an increase of this sensation, until I felt that if I could be opened I might get well. As I had no reason to hope for relief in any other way, I probably dwelt more upon this, until I determined to propose the operation to my physician, Dr. Prior, in whose judgment I had great confidence. I did so, but to my disappointment I could get no countenance to my suggestion. Time passed on. I was sinking, and the more I thought of the subject, the stronger was my conviction of the propriety of my determination. I finally put the question to Dr. P. to know if he would puncture my chest at *my* request, inasmuch as all agreed that I could not live. He said he should do no such thing—"Who ever heard of such an operation?" Then I told him I would do it myself—not being acquainted with any other physician in whom I had the same confidence. I felt that if I did not take care of myself in *this* matter, nobody else would, and I resolved I would not die *without* the

experiment. Accordingly I had the large blade of my pocket knife sharpened, and retiring to my room, determined to make the experiment. In doing this, I found it necessary to hold but a short conference with flesh and blood." Here the narrator placed his thumb nail upon the blade of his knife, as nearly as I can remember two inches from the point. "There," said he, "was my guage. I selected the point where I felt the greatest pressure and tenderness, and to my great satisfaction I had the pleasure of seeing a stiff jet of pure matter follow the blade, with sufficient force to clear my body for several inches. A large quantity was discharged at the time, and also afterwards, but which continued to lessen in amount until I recovered."

As this narrative was given some time after I relinquished the practice of medicine, I did not at the time, nor since then until now, put anything of this on paper. I was referred to Dr. P., with whom I was sufficiently acquainted to have collected other details of the case, or more confirmation of its truthfulness; but the general reputation of the narrator was such that I did not choose to be the *first* to question his veracity. His name I have forgotten, and Dr. P. has long since gone to his resting place. But if the history, such as it is, can be of the least service in your judgment to suffering humanity, it is at your disposal.

S. BLISS, M.D.

No. 1½ Tremont Row, Boston, June 16, 1848.

METROPOLITAN SANITARY COMMISSION OF ENGLAND.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Through the kind attentions of Lord Morpeth, I received, by the last steamer from London, several documents, relating to matters which so much affect the well being of people in all places, and especially in populous cities, that I ask the favor of making a few extracts from one of them for the benefit of your readers.

On the 24th of September, 1847, a Metropolitan Sanitary Commission was appointed by the Queen, consisting of Lord Robert Grosvenor, Edwin Chadwick, Esq., Thomas Southwood Smith (Doctor of Medicine), Richard Owen, Esq. (Hunterian Professor at the College of Surgeons), and Richard Lambert Jones, Esq., to inquire "whether any and what special means may be requisite for the improvement of the health of the metropolis, with reference more particularly to the better house, street and land drainage, street cleansing, and paving; the collection and removal of soil and refuse, and the better supply of water, for domestic use, for flushing sewers and drains, and cleansing streets; and also to the best means of using existing works, and of creating new works requisite, and of maintaining them in good action; and also to the most equitable provisions for regulating the charges, or assessing, collecting and paying the moneys requisite for such purposes, more especially in the districts chiefly inhabited by the poorer classes of the population." Henry Austin, Esq., was appointed Secretary. The commissioners immediately

posed to the effluvia of persons affected by it, as there were, who, after being thus exposed, contracted the disease.

Diseases which are not *infectious* may become epidemic—as the influenza, neuralgia, &c. Common catarrh, every one knows, has nothing like an infectious quality; yet the complaint has often been epidemic (*catarrhus epidemicus*), and has extended itself, making the most rapid progress of any epidemic of which we have any account. “The course of influenza is singularly analogous to that of cholera.” At times it has prevailed so extensively, and its travels were so rapid and regular from east to west, and from the south towards the north, that it gained for itself the name of *catarrhus contagiosus*, which implies that the complaint is contagious, when in fact it is no more so than the *catarrhus simplex*; but owing to some modifications or changes of the atmosphere in a particular district or region, it becomes capable of spreading itself, and many persons are attacked at once. If a nice discrimination be at once made between the *epidemic form* and other diseases, such confusion would not occur; and I think it important such discrimination be made.

Neuralgia is another non-contagious disorder; but it also has been epidemic, as the “*epidemic de Paris*,” which occurred in 1828. I once suffered from a severe attack of frontal neuralgia, previous to which I was attending several patients who had the same complaint. After my recovery, I was called upon to attend *at least* twenty persons who were suffering from neuralgia, and most of them had one form of the disease—the supra-orbital branch being in most cases affected. This was in the spring of 1846. Other physicians saw similar cases; and, considering the location, the inhabitants being comparatively sparse, the evidence is sufficient to establish the epidemic character of the disease, for so large a number were never affected before at the same period. What could this be ascribed to, if not to this kind of influence? The complaint assumed an epidemic type, but its origin could not be attributed to marsh or other forms of malaria, as none appeared to exist in that vicinity, and *no cause* could be assigned for its occurrence, other than has been given.

Formerly I considered measles a contagious disease; not so much from a thorough conviction that it was such, as from the fact that it was not in my power to prove that it was not so. “It is the opinion of some that measles is regular in its recurrence as an epidemic; the interval is said to be seven years.” Dr. Dewees, whom I quote, says, “Whether this is rigidly the case, we are not prepared from present data to decide; it is, however, rendered probable, that there is either a regular return at this period, or at least an approximation to it.” “It is said (continues the same author) to be contagious; but this may be pretty fairly disputed, notwithstanding the imposing experiments of Dr. Home, who declared he propagated the disease by inoculation. He also mentions the success of Speranza in inoculating for measles, and concludes by referring to Dr. Chapman, who says, ‘experiments of this nature were instituted in the practice of our Dispensary in 1801, in which the blood, the tears, the mucus of the nostrils and bronchia, and the eruptive matter in the cuticle, properly moistened, were all tried, and without success in any

one instance.' ” It may not be improper to remark that any disease being transmissible from an affected individual to one who is healthy by inoculation, is evidence that the disease is contagious ; or if clothing, or merchandize, which has been within the influence of the sick, communicate a like malady in another country where such goods are imported, it goes to show that the prevailing sickness is contagious. “ Contagious diseases spread slowly from one person to another, and from house to house, and may often be concentrated within a circle, where it will attack all, or almost all, who are exposed to the contagion, particularly those who have not had the disease before.” This last circumstance, that is, that the constitution cannot be made to suffer the action of the disorder a second time, or but once during the life of an individual, is another mark which serves to distinguish contagious from other complaints. This, however, does not always hold good ; it is not in any degree true of syphilis, or clap ; nor is it strictly so even in smallpox, though it is to a great extent.

Before I proceed any further, I will briefly describe or define an *infectious* disease. “ Infection is anything that taints or corrupts ; hence it includes *contagion*, and any other morbid, noxious matter which may excite disease in a healthy body.” Infection being *anything that taints or corrupts*, is something more than contagion, which, as we shall see further on, is limited to *contact* ; infection includes *any poison* that is capable of producing disease in a healthy individual, and this poison may emanate from any source whatever. Variola is an infectious complaint ; syphilis is not so : but both are strictly contagious, because both are derived from a specific virus. Smallpox, however, is infectious only to a certain extent ; there must be a large quantity of the poison concentrated to communicate the disease by infecting the atmosphere. Neuralgia is sometimes epidemic ; colica pictonum may be endemic : but neither of these can be said to be infectious or contagious. The broad signification *literally* given to the word infection, would make it embrace any disease that is communicable from one to another. It should not, however, when used in an etiological sense, include contagious or other diseases, save those which are not characterized by some more specific appellation. This discrimination I have made, and I shall only employ the term *infectious* to designate those complaints which are communicable under certain circumstances, and which are not known to be strictly contagious. In short, I shall consider those affections infectious which are transmissible under peculiar circumstances, such as yellow fever, dysentery, erysipelas, &c.

I believe that scarlet fever is an epidemic disorder. I am aware that at the present day this doctrine is generally questioned—that the majority consider scarlatina contagious. But I cannot subscribe to the contagiousness of this fever, for several reasons. 1st. Many individuals are not susceptible to its action, though often exposed under circumstances the most favorable for its propagation. I have attended many patients who had it in all its various forms, some of them the malignant variety, yet I have never suffered from it myself. The same is true of many phy-

sicians and nurses. Even children of the same family of the sick, perhaps occupying the same bed, escape much more frequently than they do when exposed in a like manner to measles, varicella, and other diseases whose contagion is even questioned by the highest authority. 2d. It may and does recur in the same individual; though its non-recurrence would not be a positive evidence of contagion, it would be claimed as such by the contagionist; and I have cited this fact (its occurrence a second time) more with a view to its negative than positive bearing. 3d. Scarlatina often appears sporadically, there being no more than one case in a village. I have known such instances. Or there may be a certain number of cases attacking a small number of isolated persons; or it may be epidemic, as in those instances where a large number are attacked at once. We have shown that this is not a contagious disorder; but the effluvia issuing from the sick in close and filthy habitations is capable, under some circumstances, of producing the complaint in those who are exposed to the poison, and it therefore ranks with the infectious diseases. 4th. There is a marked and peculiar susceptibility to it during infancy and youth, and a corresponding exemption from it in the adult and the *very aged*, which is not in any way true of contagious affections. 5th. Those who contend for its contagious origin are forced to admit that it is sometimes epidemic, and “does occasionally arise from exposure to cold.” Dr. George Burrows, one of the most strenuous advocates of contagion, in his essay on scarlatina recognizes a contagious and an *epidemic* form. I can more readily conceive of a contagious disorder becoming epidemic, than I can of one being contagious at one time, and at another losing its contagious quality, and depending upon some other cause. I consider it to be an infectious fever, and that it may be propagated like typhus, yellow fever and dysentery. It is said to have been communicated by inoculation, and by importation, two circumstances extremely favorable to the doctrine of contagion. Home and Speranza claimed to have produced measles by inoculation, but we have already shown that no reliance whatever can be placed upon such statements, Dr. Chapman’s testimony being positive that the disease cannot be thus produced. I give no credence to the assertion that scarlatina can be communicated in the same way (by inoculation), though the assertion stands on equally high authority. Hildenbrand says that he carried the scarlet fever to Padolia from Vienna in a coat which he wore in visiting a patient who had the disease. He had not worn the garment for the space of a year and a half, but from it he declares he took the disease on his arrival. “From me (he says) it spread into the province, where it had until then been almost unknown”! I am led to think this evidence too feeble to base an opinion upon. The fact that scarlatina did prevail at Padolia at the time that Hildenbrand was there, I do not question; but that he carried it there in his “*black coat*,” I very much doubt.

In varicella we recognize another disease which was long thought to be contagious, and is so now by some physicians. Judging from what I have seen of chickenpox, I should as soon claim for it the character of

a contagious affection as for the one we have just been speaking of. There are contradictory statements on record with regard to its being transmissible by way of inoculation. The weight of testimony is, however, I think on the whole against its being communicable in this manner. The eruptions are said to vary in different epidemics. This, of course, cannot be accounted for until we understand the essential properties of the epidemic or predisposing cause. I contend that this complaint emanates from some epidemic source, and that it is not properly contagious. This is also a disorder to which the young are exceedingly obnoxious, and adults enjoy almost perfect immunity from it.

Pertussis, or hooping cough, is supposed by some to depend for its propagating power upon a specific contagion. With respect to this, there is considerable doubt as well as difference of opinion; the contagionists themselves having been obliged to admit that it "may prevail as an epidemic."

The God of nature has established rules which apply to everything within the wide universe. Every planet has its laws; the seasons are regulated in their progress, they pass and return, winter is succeeded by spring. Even the raging wind, the rolling billows, and the midnight tempest, are subject to laws which He has fixed. Not less so is the "pestilence that walketh in darkness;" and it is highly improbable that any disease has this double power of the two-edged sword—that any disease is both contagious and epidemic in its character. Did the cholera possess this double power, who could expect to escape the jaws of such a hydra-headed pestilence? Such a disease would exterminate the race; it would sweep the earth as with a besom of desolation and death. "Nature, indeed, can hardly be said to employ two such opposite causes to produce the same effect." The plague of Argos did not attack those who withdrew from the sick, though they were so near as to hear the shriek of death, and the survivor's wail." Agenor says:—

' While, basely safe, within this column'd circle,
Uplifted far into the purer air,
And by Apollo's partial love secured,
I have, in spirit, glided with the Plague
As in foul darkness or in sickliest light
It wafted death through Argos; and mine ears,
Listening athirst for any human sound,
Have caught the dismal cry of confused pain,
Which to this dizzy height the fitful wind
Hath borne from each sad quarter of the vale
Where life was."—* * * * *

" I chide the air,
Which round this citadel of nature breathes
With sweetness not of this world; I would share
The common grave of my dear countrymen,
And sink to rest while all familiar things
Old custom has endear'd, are failing with me,
Rather than shiver on in life behind them."

Most authors consider the plague a contagious disease; but from what I know of the history and progress of the disorder, I am led to class it with the infectious complaints, such as cholera, yellow fever, ship fever, dysentery, &c. &c. Dr. Hosack says, "These diseases are

only, in general, communicable through the medium of an *impure* atmosphere." When speaking of the infectious character of ship fever (vid. Boston Medical and Surgical Journal, Vol. XXXVII., page 91), I said persons who go into crowded and ill-ventilated apartments, where the beds and clothing of the patients are filthy, will be in danger of taking the fever. Under the same circumstances they would contract erysipelas, dysentery, &c. Last year ship fever was prevailing in Ireland as an epidemic fever; at the same time it existed in different parts of America, particularly in New York, as an infectious disorder, being in general only transmissible through the medium of a poisoned atmosphere. Air rendered impure by the decomposition of vegetable and animal substances, "or by concentrated human effluvia," causes diseases, which would otherwise be non-infectious, to be communicable from one to another. Now the atmosphere may become impure from some unknown cause, or combination of causes, and an epidemic may follow—as when the air becomes vitiated on shipboard, or in jails, and produces ship fever, jail fever, and other infectious complaints—or as the air becomes impure in hospitals, and the inmates become affected with erysipelas, or hospital gangrene, so it may be, on a large scale, when the atmosphere contains virus, like gases, or other poisons, the inhabitants of a city or country may suffer from the prevailing disease, as I conceive to be the manner in which plague, typhus, &c., become prevalent—not from their contagiousness, but because there is a predisposing influence acting upon all who live within certain boundaries, the majority of whom suffer, constituting an epidemic. If this reasoning be correct, it will follow that the plague is not a more contagious disease than yellow fever, and I think that a large majority of the profession are now agreed that the latter disorder is not contagious.

At one time I favored the idea that *typhus fever* was contagious; but since I have become convinced that the typhoid fever of Louis, the typhus abdominalis of the German authors, and the typhoid fever of New England, are but a modified form of the *same disease*, I have abandoned that opinion. The inquiry into this subject has led to the writing of the present paper. The type of this fever varies all over the world. It changes with almost every season, and its malignancy, and highly infectious character, which it manifests at different times and different seasons and in different countries, are dependent upon the same epidemic power which generates the plague in Egypt, the cholera in Asia, and the yellow fever in this country. The epidemic fever which prevailed in Edinburgh and other towns in 1843, was undoubtedly typhus. There was much debate at the time as to whether it was imported or not. It was supposed by some to have originated ^{in England}. Dr. Cormack states ^{that it was} and hence ^{imported}. It originated in 1842, manifesting itself simultaneously in various localities. It appeared under the same circumstances as the endemic typhus, in small, crowded, ill-ventilated habitations of the poor, &c. This epidemic fever was considered contagious; but it will be remembered that it attacked a large number *simultaneously*, and that its origin was like the

"endemic typhus," as it usually occurred; two circumstances, of *themselves alone*, sufficient to prove its non-contagious character, and show conclusively that it had its origin from epidemic influence. "When we say a disease is epidemic, it is understood that we mean one which is produced by a certain state or condition of the atmosphere, at present unknown, and which has baffled the exertions of every one who has entered upon its investigation. The term implies that a greater number of people are suddenly seized at the same period. An epidemic disease, after continuing for a longer or shorter period, suddenly ceases, at a time, perhaps, when the greatest number of patients are affected. These are facts which appear to have confounded those who assert that yellow fever and other fevers are invariably contagious."—(Vid. Principles of Pathology and Practice of Medicine, by John Mackintosh, M.D., &c., page 59.) The fever which has lately prevailed in Ireland, and the other British islands, is doubtless the same fever, modified, as the one we have just alluded to as described by Dr. Cormack; and we conclude what we have to say upon this point by quoting Dr. Cormack again very briefly. "We are becoming daily more convinced that the numerous forms of continued fever which occur in various parts of the world, and which are described under different names, as different diseases, are, in reality, merely modifications of the same fundamental type, and are, therefore, pleased to find the labors of so enlightened a physician as the editor of the 'Edinburgh Monthly Journal of Medical Science' confirmatory of the views we entertain."

Parotitis or mumps, Dr. Symonds says, is usually excited by contagion, but it sometimes appears under circumstances which forbid the supposition of such a cause. I suppose that it is generated like other infectious complaints, and that its propagation does not depend upon any specific contagious property. Its symptoms and course vary according to the particular epidemic, being often very mild, but not unfrequently otherwise. In some epidemics there has been noticed a *striking* liability to metastasis to the mammæ or testes, in a great proportion of the cases. Prof. J. M. Smith, of the New York College of Physicians and Surgeons, in his lectures gives the history of such an epidemic which once occurred in that city. In more than eighty cases cited, the testes were affected in a large majority of the patients. Emanations from persons suffering from it will engender it in others, under some circumstances, during the reign of an epidemic. Inflammation of the parotid gland sometimes occurs sporadically. An instance of this kind occurred in my practice about a year ago—the gland on the right side only being affected. ~~can~~ ^{one} took the complaint from this patient, as would not had mumps were exposed, and among ~~the number~~ ^{the number} for many who had family of the patient, one of whom slept with her during her sickness. The complaint, in this instance, appeared spontaneously.

The word contagion is (as is very well known) derived from the Latin word *contagio*, which means to touch, or near approach, or to meet each other. Hence, no diseases are strictly contagious save those which

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JUNE 28, 1848.

No. 22.

ON EPIDEMIC INFLUENCE.

[Communicated for the Boston Medical and Surgical Journal.]

THAT influence which is styled *epidemic* was noticed by Hippocrates (who wrote on "the Air, Water and Situation, the first and third books of Epidemics"). The subject has received the attention of many writers, from his time to the present. The frequent occurrence of epidemics, during all ages and in all parts of the world, has caused physicians to become acquainted with their sensible effects, rather than the real qualities of the *materies morbi*. It is to be admitted that some true light has been attained, and something is known of this morbid agent, which enables us in a manner to account for some of the phenomena which are connected with, or result from it; but as yet we are not fully able to solve the question of what constitutes the actual causes and properties of epidemic diseases. The subject is an interesting one, the study is a profitable one; though some doubt and obscurity would attend the experiments which it would be necessary to institute in making a careful and accurate investigation. Yet on this account it should not be abandoned as hopeless. We shall not be likely to possess the full development of all the facts which relate to it at the onset of our inquiry; but we should press on in the pursuit, not content with the slight improvements we shall from time to time be able to make, nor be satisfied until the whole matter shall be understood.

To approximate truth, however, is better than to remain in the distance. This we expect to do on this occasion; and it is in the indulgence of this *hope* that we venture in our humble manner to offer a few remarks upon the subject already mentioned.

It was long ago admitted that there was such an influence as that termed epidemic. The question has long been agitated, what are its essential elements, and what are its hidden qualities?

I do not expect to be able to answer this question to the satisfaction of everybody; perhaps I shall be alone in some of my views. I shall not aim to please the fancies of any person, but shall advance my own opinions as boldly and fearlessly as if I knew that they would be confirmed by the whole medical world, and that nobody would have the hardihood to call me in question. These views are based upon the ob-

servations of others as well as my own. At the outset I have promised but little ; so if I bring but little to pass in the end, I shall accomplish all that I have obligated myself to fulfil. If I do more than this, I shall most certainly escape the scourge of the mischievous critic, who, itching with quill in hand, is ever ready to pounce upon the first unlucky wight who shall be so unfortunate as to place himself in range of his battery. In olden times, a man might write without such misgivings as attend us now. The quivers of those ancient critics, though more deadly, were not half so much to be dreaded as these shocks from modern batteries ; and we who write in these times, labor under the disadvantages of fear and dread ! We know the liability of an attack the moment our article sees daylight, and though mailed in honest valor, we tremble as we write. It may be on this account that our productions are so defective and our arguments so feeble.

“ You know an enemy intends you harm ;
 You know a sword employ’d is perilous,
 And reason flies the object of all harm ;
 Who marvels then, when Helenus beholds
 A Grecian and his sword, if he do set
 The very wings of reason to his heels ;
 And fly like chidden Mercury from Jove,
 Or like a star dis-orb’d ? ”

But I am departing from the subject which I proposed to discuss. In digressing, however, I find I have indulged in a train of thought which was not inappropriate in one who is about to “ mount the tripod ” and become a target for modern criticism. But I shall leave these musings, and attend hereafter strictly to the task which I have assigned myself.

There is a clear difference between *contagious* and *epidemic* diseases, although most writers have confounded them. Of the first class (contagious), variola and syphilis are examples ; of the second, or latter class, I may mention pertussis, parotitis, &c.

A disease may be regarded as contagious which is capable of propagating itself by virtue of its own specific virus. “ *Contagion* is applied to those diseases which are propagated from one to another by contact or close approach, and which produce a like disease ; as the venereal disease, itch, smallpox, measles, &c.”

Diseases produced by infection, are those which are contracted from a vitiated atmosphere, constituting a different variety of disease from the contagious variety, and are for the most part epidemic, as typhus, bilious and yellow fevers. When the yellow fever prevailed in New York in 1819 and 1823, that portion of the city where the disease was, was called “ *the infected district.* ” The fever was epidemic there during these periods, because a large number of persons were attacked simultaneously. The disease had a limited duration, and did not appear at regular intervals. The epidemics of Asiatic cholera, as they appeared in London and New York, are examples of the same kind as those just cited. Many have contended for the contagious nature of malignant cholera ; but it is now generally admitted that the disease is generated in some other manner than by contact, or near approach to those sick of the complaint, for as many suffered from it who had not been thus ex-

motives from the public eye. And this, in the most moderate and respectful language, with kind sympathies "and even more kindly expressions of opinion." It will be acknowledged, that in writing the "criticism" alluded to, we had not the article of the anonymous gentleman before us. Having perused it, the same was immediately forwarded to some of our southern friends—considering it as a curious, but probably a rich treat for them—which by imitating, our "associates" could learn something of courteous behavior from the great experience of our learned friend. On examination of the article alluded to, and since re-published in the Boston Courier, we consider that there are but two essential mistakes in the quotations, all others being regarded as synonymous in their sense and signification. One of these errors is—where we understood him to be an advocate for the "stars and stripes" waving over Cuba; and the other is—"where he ventured his maiden efforts at the press, in the investigation of the claims of our favorite El Dorado for invalids." In the latter quotation it appears we have given the gentleman more credit than he is entitled to—which makes his "martyrdom the more exquisite." And for all such mistakes, and supposed perversion of language, we freely make the *amende honorable*; with the expressed understanding, that a more correct and appropriate quotation of his language on this subject will be made hereafter—not clothed in such "coarse and discourteous language," since we are now in possession of his name, and the reiterated assertions of his great professional attainments and high repute. We would not forget to remark, that our minds are "filled with astonishment, not unmixed with another sentiment," when learning that this lame production originated from the pen of "one of the most able medical writers in the New England States." As we have not taken leave of him yet, we would not fail in proper respect to remind him, that his great personal experience on the comparative merits of Florida and Cuba, as a winter resort for our invalids, will be thoroughly sifted. Being fully aware that "resorts for invalids cannot be discussed with the same immunity as pathology or therapeutics."

Portland, June 23, 1848.

AUGUSTUS MITCHELL, M.D.

Reply to "Alpha."—TO THE EDITOR, &c. Sir,—Will your correspondent "Alpha," who "wishes to ascertain what quantity of the 30th homœopathic dilution of the tincture of opium would contain the strength of one drop of laudanum," also oblige me by entering into a further calculation, and informing me what quantity of the *miasm* which generates *intermittent*, *typhus*, or *yellow fever*, would contain the strength of one drop of the tincture of the vegetable substance from which the *miasm* has been set free?

Also, while he "has his hand in," will he tell us how much in *bulk* or *weight* of the contagion of smallpox, scarlet fever, or plague, it would take to equal the *bulk* or *weight* of one drop of laudanum?

We will also be obliged to "Alpha," or some allopathic friend, if he or they will inform us how much a spark of *electricity*, of sufficient power to destroy instantaneously five hundred persons, will *weigh*, or what is its *bulk*, when compared to "one drop of laudanum"?

Since all of these substances, *miasmata*, contagious matters, electricity, &c., are *material*, according to the most eminent chemists and philosophers—composed of minute atoms of matter, yet of *universally* acknowledged potency—and as my limited mathematical powers have as yet been insufficient to solve the above questions relating to them, in a satisfactory manner, I will hold myself obligated to "Alpha," if he will gratify my laudable curiosity by giving me the above information through the Journal.

We shall conclude with a quotation from the distinguished mathematician of Prague, Professor Doppler, who is not a homœopathist, viz.:—"Of all the vulgarities with which I am acquainted, this petty modern ridicule of the imponderable doses employed by the professed reformers of the healing art, is the meanest."

One whose idea of the power of morbid or remedial substances is not limited to mere PHYSICAL BULK OR WEIGHT.

TO CORRESPONDENTS.—Dr. Bachelder's Case of Diseased Kidney, part of an Address delivered at Castleton Medical College, and a letter from the West by Dr. Clendinen, have been received.

Report of Deaths in Boston—for the week ending June 24th, 77.—Males, 40—females, 37.—Stillborn, 4. Of consumption, 13—typhus fever, 16—lung fever, 6—scarlet fever, 4—infantile, 4—apoplexy, 1—inflammation of the lungs, 2—inflammation of the bowels, 2—dropsy, 3—dropsy of the brain, 5—convulsions, 2—abscess, 1—teething, 1—paralysis, 1—disease of the bowels, 3—disease of the hip, 1—disease of the heart, 1—disease of the liver, 2—dysentery, 2—accidental, 1—child-bed, 1—old age, 2—drowned, 2—hooping cough, 1.

Under 5 years 27—between 5 and 20 years, 9—between 20 and 40 years, 27—between 40 and 60 years, 11—over 60 years, 3.

Medical Miscellany—Gutta Percha, dissolved in chloroform, is represented to be equal to the ethereal solution of cotton for holding wounds together.—Some of the dentists are using the gutta percha for filling decayed teeth.—Dr. Denniston has opened a new water-curing institution at Northampton, Mass. The location is delightful.—Smallpox is again rather on the increase at several points. The ship Epaminondas brought it to Boston last week, from Liverpool; and at New York, there were fifteen deaths from it in one week.—Mr. Cutter has opened a beautiful, orderly apothecary store, nearly opposite the Boylston market, in Boston, which for neatness and appropriateness in all its details, is among the model shops of the metropolis, and is deserving both of patronage and the commendation of the city physicians.—Dr. Trowbridge, of Watertown, N. Y., recently performed lithotomy on a child only three years and three months old. The stone was three inches in circumference, and had tormented the little fellow for two years. In two minutes the calculus was extracted, and the patient is recovering favorably.—Putrid sore throat is prevalent in Hampshire County, Va.—Abram Williams, of Kentucky, a soldier of the revolution, died recently, aged 106 yrs.

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We would moreover state, that we submit a full formula to all regular physicians, and as far as we have made known our enterprise, we have received the approval and encouragement of nearly all medical men.

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JOSEPH D. MANSFIELD, M.D.

WM. H. WILLIS, M.D.

March 15.

NOTICE.

SAMUEL M. COLCORD would notify his friends and customers in the Medical Profession, that he has dissolved his connection with Philbrick & Trafton, No. 160 Washington street, and may be found at the old stand of Carter, Wilson & Co., corner of Hanover and Portland streets, in connection with Solomon Carter and Geo. C. Preston, under the style of Carter, Colcord & Preston, and would be happy to wait upon them there with all the nicer qualities of Medicines in either departments of Materia Medica or Pharmacy. The same attention will be observed, in regard to quality, as heretofore, and more attention paid to the wishes of their customers in regard to price.

Apr. 12—3m

“That seeing the advantages derived from the visits and exertions of such boards in 1832, and the probable length of time which must elapse before new and combined works of drainage, cleansing and water supply could be executed, we recommend that Boards of Health should be immediately constituted, with a view to carry out, more especially in the districts where the visitations of epidemics have of late been most severe, such measures as may be practicable, as well for checking the progress of typhus and other prevalent maladies as for making preparations against the probable invasion of Asiatic cholera.

“Having observed the excessive mortality in the northern districts and certain of the suburbs, as compared with the central portions of the metropolis, we directed our attention to their sanitary condition, and we find—

“That large tracts of suburban land, namely, the Poplar Marsh, the Isle of Dogs, the Essex marshes, and the Greenwich and Plumsted marshes, are in an exceedingly bad condition; and that much of the uplands in the other suburbs consists of stiff undrained clay land, excessively charged with moisture.

“That these marsh and undrained lands are extensively intersected with open, ill-kept and stagnant ditches.

“That there being no systematic land drainage, and no proper pre-appointed system for the drainage of land intended to be used for the sites of houses, or of new suburban dwellings, when new dwellings are constructed, a great part of the drainage from the suburban houses is carried into these open, stagnant ditches.

“That in one of these marshes the proportion of open ditch is $18\frac{1}{2}$ to 450 acres, or one acre of ditch to 24 acres of land: stagnating and giving off emanations from the decomposition of animal as well as vegetable refuse; and that in the Surrey district of sewers alone there are nearly 70 miles of uncovered ditches and open watercourses, complained of as being stagnant, as receiving house drainage, and as giving off much offensive moisture.

“That marsh diseases prevail at times amongst the agricultural population of the Essex, Plumsted, and other marshes; and that after the wind has prevailed for some time from these ill-drained lands in the direction of dwelling houses, marsh diseases are constantly noticed among the adjacent population.

“That there is no doubt that the mists and humidity arising from the suburban ill-drained land is carried amidst the habitations of the adjoining districts, and exercises at all seasons a pernicious influence on the health of the population.

“That there are perceptible differences in the amount of epidemic disease, in the agricultural suburban districts, according as they are well or ill drained; and that where drainage works are properly carried out, the amount of humidity and mist is speedily diminished.

“That the excess of moisture on the marsh and ill-drained land is detrimental to the productive power and value of the land, and to good husbandry,

“That the operations for improving the land by drainage are obstructed by the exceedingly imperfect drainage arrangements ; only some of these arrangements being, while all of them ought to be, within the general drainage jurisdiction of the Commissioners of Sewers.

“That powers should be given to the Commissioners of Sewers, enabling them to cover in all open ditches ; to drain roads ; and to substitute for ditches, tubular drains, in connection with the general drainage levels.

“That if such drains are properly laid down, and connected with the general drainage works, the quantity of stagnant surface water will be diminished to a very important extent ; the roads will be kept drier, in consequence of the greater depth of their drainage, and the more rapid discharge of surface water ; the lands adjacent to the roads will be greatly relieved of surplus moisture ; and valuable outfalls will be formed for the land drainage, which is now much obstructed by the state and construction of the open ditches used for the drainage of roads.

“That in connection with the general drainage works, under the direction of the Commissioners of Sewers, facilities should be given to owners and occupiers, for the drainage of the lands adjacent to the suburban districts by advances on loan, repayable by instalments, with the advantage of the general survey, and the aid of the superintendence of the officers of the Commission.

“That where land continues in a state of marsh injurious to the health of the population, compulsory powers of drainage should be given and exercised in relation to it.

“That however perfect the drainage of the interior of the urban districts may be, the beneficial effects on the population must be greatly diminished, unless the drainage of the suburban land be put in proper relation with it.”

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 28, 1848.

Radicalism in Medicine.—One of the anomalies of the present day, is the radicalism of practitioners of medicine. Of the eccentricities of authors, and the monstrosities they exhibit in the form of theories and opinions, no historical record is necessary, since the community rings with the whims, caprices and disagreements of those whose vocation is to interpret the language of nature, which the patient never fails to utter, and from the resources of science to assist in preventing the inroads of disease. Medical schools are as much at variance with each other, as individual practitioners. This creates confusion, engenders distrust in the public mind, lessens the confidence in those educated expressly to minister to human maladies, and finally results in giving all orders and shades of quackery a glorious opportunity of stepping in between belligerent parties, and profiting to the extent of their ambition in any and every description of society to which

they address themselves. Physicians, thus, to a lamentable degree, through their own folly, give occasion for imposition to be practised in town and country, in a way which no legislation can either modify or control; because the people of the United States will be dosed—it being a national characteristic to be perpetually taking medicines, with but little reference to the educational qualifications of those by whom they are prepared or recommended.

The city of Boston, with its hundreds of medical practitioners—some of whom adopt one system, and some another, and some none at all—represents the medical radicalism of the whole country. Gentlemen of excellent talents, polished manners, and high professional qualifications, in many instances cannot compete with a vulgarian pretender, whose education does not even embrace a grammatical knowledge of his vernacular. A large portion of the inhabitants, of any city or town, place no value on a thorough preparation for the practice of medicine or surgery; indeed, the boastings of an ignoramus, with his nostrums, possess an indescribable charm over the busy, unthinking part of the population—and the greatest doctor for them is the man who relates the most marvellous cures. But there is an elevated class of citizens who have no apology for the countenance they give quackery, in its thousand protean forms, because their intelligence enables them to discriminate between ignorance and knowledge, pretension and fact, truth and falsehood. If they assign reasons, however, for a course so reprehensible, they have them as thick as stars in the fact of the non-agreement of physicians, their radicalism, and want of confidence in the resources of medicine—and they therefore employ such as have their specifics for every disease, and have faith in them. Finally, the clergy, as a body, wielding an influence more universally felt than willingly acknowledged, by their example in frequently running after patent pills, and a mighty catalogue of catchpenny curealls, throw a heavy weight into the balance, to injure the legitimate character of the profession.

Extract of Dandelion.—This is becoming a new article of domestic manufacture, but which might have been produced fifty years ago, just as conveniently as at the present time, since the stock has always been abundant throughout the northern States, even in the highways, and costs nothing but the labor of digging. A steady demand for the article, which meets the general approval of physicians, has induced persons to commence the manufacture, which is very easily managed, and it seems that it will eventually put an end to the importation of the extract from England. At Portland, excellent specimens have been produced, which are thought by the druggists to be much superior to any brought from Europe. Mr. Burnett, Tremont Row, speaks decidedly in favor of the home-made extract. The Shakers of Enfield, N. H., have turned their attention to the subject, and if they are as ambitious to excel in the production of their extracts, as they are in everything else, they will soon become powerful competitors in the market. In connection with these remarks, it is appropriate to observe that the dandelion possesses a medicinal value far above the estimate often placed upon it. As a detergent and aperient, and especially as a diuretic, it might take the place of some other articles in use. Were it a scarce plant, and the expense attending the preparation far beyond what it is, probably no medicine would have more ardent admirers.

Proceedings of the Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane.—This Association commenced its third meeting, at the Astor House, in the city of New York, on the 8th of May, 1848, the Vice President, William M. Awl, M.D., in the chair, and Thomas S. Kirkbride, M.D., Secretary.

Present—Dr. James Bates, of the Maine Insane Hospital at Augusta; Dr. And'w McFarland, of the New Hampshire State Hospital at Concord; Dr. Wm. H. Rockwell, of the Vermont State Hospital at Brattleborough; Dr. Luther V. Bell, of the McLean Asylum for the Insane at Somerville, Mass.; Dr. C. H. Stedman, of the Boston Lunatic Asylum; Dr. N. Cutter, of the Private Institution at Pepperell, Mass.; Dr. John S. Butler, of the Connecticut Retreat at Hartford; Dr. Amariah Brigham, of the State Lunatic Asylum at Utica, N. Y.; Dr. Pliny Earle, of the Bloomingdale Asylum, N. Y.; Dr. James Macdonald, of the Private Institution at Flushing, L. I.; Dr. M. H. Ranney, of the Lunatic Asylum on Blackwell's Isl., N. Y.; Dr. G. H. White, of the Hudson (private) Lunatic Asylum, N. Y.; Dr. Horace A. Buttolph, of the New Jersey Lunatic Asylum at Trenton; Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane at Philadelphia; Dr. Joshua H. Worthington, of the Friends' Asylum at Frankford, Pa.; Dr. N. C. Benedict, of the Blockley Insane Asylum at Philadelphia; Dr. Fonerden, of the Maryland Hospital at Baltimore; Dr. Wm. M. Awl, of the Ohio Lunatic Asylum at Columbus; Dr. John M. Galt, of the Eastern Asylum of Virginia at Williamsburg; and, Dr. John R. Allan, of the Kentucky Lunatic Asylum at Lexington.

Dr. Samuel B. Woodward tendered his resignation of the Presidency of the Association, which was accepted, and Dr. Wm. M. Awl was elected President in the place of Dr. Woodward, resigned; and Dr. A. Brigham, Vice President, in the place of Dr. Awl, elected President. The following preamble and resolutions in reference to its late President, were unanimously adopted by the Association, viz. :—

WHEREAS, Dr. Samuel B. Woodward, at the present meeting of this Association, has tendered his resignation as President thereof,

Resolved, That whilst accepting this resignation, we cannot adjourn without declaring our high sense of the services of Dr. Woodward as President of this body, and also our full appreciation of his ardent and useful exertions for so many years in behalf of the unfortunate insane.

Resolved, That the Secretary of the Association be requested to transmit to Dr. Woodward a copy of this resolution.

Agreeably to appointment, Dr. Brigham read an obituary notice of the late Dr. White, of the Hudson Lunatic Asylum and the first Vice President of this Association, which was directed to be entered upon the minutes.

Drs. A. V. Williams and B. Ogden, two of the visiting physicians of the Asylum on Blackwell's Island, were invited to attend the sittings of the Association; and a resolution was adopted, authorizing each member to invite any person interested in its discussions.

In conformity with a resolution, adopted at the last meeting of the Association, Drs. Brigham and Macdonald made written, and Drs. Earle, Rockwell, Bates, Butler, Allan and Kirkbride, verbal reports on the subjects of post-mortem examinations and the pathology of insanity, which, after consideration, were referred to the standing Committee on these subjects.

Dr. Kirkbride read a report from the committee on publication, which was accepted, and the Association subsequently

Resolved, That the committee on publication, appointed at the last meeting, be continued, and instructed to publish such of the reports and such parts of the reports made to this Association, and such parts of its proceedings, as they shall deem conducive to the public good.

Elevations and ground plans of many of the institutions for the insane in the United States and Canada, were laid upon the table for examination by members of the Association ;—also a great variety of carving and fancy work made by patients in the New York State Asylum,—and a number of ingenious buckles and other improved fixtures, intended to be employed on restraining apparatus, and sent to the Association by the maker, John D. Fisher of Philadelphia.

Written reports were made on the following subjects, and, after full discussion, accepted and laid upon the table, subject to future disposition by the Association, viz. :—

On the comparative value of the different kinds of labor for patients, and the best means of employment in winter, by Dr. Rockwell ; on the advantages and disadvantages of cottages for wealthy patients, adjacent to hospitals for the insane, by Dr. Kirkbride ; on the relative value of the different kinds of fuel for heating hospitals, by Dr. Bates ; on the most economical mode of treating the insane of the poorer classes, by Dr. McFarland ; on reading, recreations and amusements for the insane, by Dr. Galt ; on the comparative value of treatment in public institutions, and private practice, by Dr. White ; and on the effects on the insane, of the use of tobacco, by Dr. Cutter.

Remarks on the diseases and causes of death among the insane, were also read by Dr. Macdonald ; on the statistics of insanity, by Dr. Earle ; and a series of cases of mania-a-potu, treated by the inhalation of ether, in the Boston City Hospital, by Dr. Stedman.

Invitations were received and accepted, to visit the Bloomingdale Asylum, under the care of Dr. Earle, and the private Institution at Flushing, L. I., under the care of Dr. Macdonald ; and both institutions were subsequently visited, and examined with great satisfaction, and the thanks of the Association tendered to these gentlemen for their courtesy, attention, and bountiful hospitality.

The Association also accepted an invitation to visit the Asylum on Blackwell's Island, and, after a thorough examination of the buildings and arrangements, unanimously adopted certain resolutions, expressive of their conviction that "the arrangements for the three or four hundred pauper lunatics of New York are far in the rear of the age, of the standard of other regions equally advanced in civilization and refinement, of the imperative demands of common justice, humanity, and respect due to the image of a common Father, however much disfigured and changed" ; and fully agreeing with the medical visitors of the Asylum, who in their recent report recommend an entire change in the system of conducting the establishment.

The following preamble and resolution were adopted by the Association, viz. :—

WHEREAS, in the selection of medical superintendents to American institutions for the insane, it is important to choose men with the highest qualifications, both as respects professional acquirements and moral endowments, therefore,

Resolved, That any attempt, in any part of this country, to select such

officers through political bias, be deprecated by this Association as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men, irresponsive of every other consideration.

The following resolutions were also adopted during the different sessions of the Association:—

Resolved, That a committee be appointed to report to this Association, at its next meeting, the best means for the classification and designation of the different forms of insanity, and also the best anatomical and pathological terms for the various parts of the brain, and a nomenclature of the diseases which prove fatal to the insane.

Resolved, That a committee be appointed to suggest the best plan of calling the attention of physicians in general practice to the proper treatment of the insane at their homes, and especially to their treatment during the first period of their disease.

Resolved, That the members of this Association be requested to prepare and present to a future meeting, a statistical analysis of all the cases of insanity which have been admitted into the institutions under their care.

Resolved, That all subjects heretofore referred to committees and not reported on at this meeting of the Association, be continued in the hands of the present committees for future action.

Resolved, That a committee be appointed who shall, either before or after our adjournment, select subjects and appoint members to report on the same, in writing, at the next meeting of the Association.

Resolved, That previous to the future meetings of the Association the secretary be requested to invite the Boards of Trustees, managers, or official visitors of each insane asylum on this continent, to attend the sessions of this body.

Resolved, That the thanks of this Association be tendered to Messrs. Coleman & Stetson, of the Astor House, for their very liberal provision for the meetings of the Association, and for which, on account of its benevolent objects, they have declined receiving compensation.

Resolved, That the thanks of the Association be tendered to the officers for the able manner in which they have performed the duties of their respective stations.

Resolved, That the Secretary be instructed to furnish an abstract of the proceedings of the Association to the editor of American Journal of Insanity, and to the editors of the various Medical Journals in the United States, for publication in their respective periodicals.

The Association continued its sessions until the afternoon of the 12th of May, and then adjourned to meet in the city of Utica, N. Y., on the third Monday of May, 1849, at 10 o'clock, A. M.

Correspondence.

THE following letters, which came in almost at the last hour, it is necessary to print in small type, or defer till next week. We adopt the former method.

Sanitary Retreat in Florida.—TO THE EDITOR, &c. Sir,—In the last number of the Journal we notice some observations on “literary and professional courtesy,” by a “Physician of the Old School.” No man can boast of greater respect for the old school gentlemen than myself—as we rarely ever knew a true specimen of that school to deviate from those nice principles which most decidedly excludes all vulgar and rude adversaries. But unfortunately we exist in a more modern age, where professional etiquette is based on anonymous writing, and important subjects are discussed *exparte*, shrouding the respected writer under the guise of particular

entered upon their duties, collected a mass of facts relating to the objects of the commission, and submitted their first report 19th September, 1847. Pursuing the subject still further, they presented their second report, 19th February, 1848. Lord Morpeth has forwarded to me both of these reports; and also "A Bill for Promoting the Public Health," which he has brought before Parliament for its enactment, consisting of one hundred and fifty-one sections, and covering seventy-two folio pages. These documents contain information of the greatest importance to the health and welfare of the people; and they deserve the careful consideration of citizens generally, as well as the medical profession. In consequence of the approach of the Asiatic cholera, and its anticipated appearance in London, a considerable portion of the second report is devoted to a consideration of the history, causes, character, treatment and remedies for the prevention of that disease; and its association and influence upon other diseases. Without attempting any analysis or review of these valuable reports, I wish now merely to call your attention to the parts I have marked, containing the conclusions to which the commissioners arrived in their second report. And if your pages are not otherwise occupied, you will confer a favor upon one who has studied this subject with considerable attention, and probably render a public benefit, by giving these extracts an insertion.

Very respectfully yours,

Boston, June 19, 1848.

LEMUEL SHATTUCK.

Extracts from the Report referred to.

"We now beg leave to submit the chief conclusions which appear to us to be deducible from the investigations we have made since we submitted our First Report.

"Having received much additional information as to the progress of cholera toward Europe, and as to the means of its prevention, we find—

"That the disease, as it has recently appeared in Persia, in Trebizond, and in Russia, is unchanged in its general character, and that it is at the present time, according to the latest information, in a similar position to that in which it was in 1831, when its progress was arrested by the frost, previously to its advance upon Europe immediately after the thaw took place.

"That the more recent experience in Russia has led to the general abandonment of the theory of its propagation by contagion: a conclusion in which, after a full consideration of the evidence presented to us, we fully concur.

"That the views which we adopted in relation to the inexpediency of special Cholera Hospitals, except in cases of peculiar necessity, have been confirmed by the coincident adoption of the same conclusions in Russia.

"That we have received much information, tending to establish the conclusion that cholera is not the sudden disease which has hitherto been supposed; that the commonly known form of the malady is, in reality, its second stage; and that its first stage is manifested by the

premonitory symptom of diarrhœa, which is commonly unattended to, but which, if met by the strict observance of proper regimen, and by appropriate medicine, may be arrested before passing into the more violent and fatal stage of the disease.

“That in addition to our former recommendations, we further recommend, that preparation be made for what appears to us to be one of the most important measures of alleviation, the establishment of local dispensaries, where persons affected with the first stage of the disease, as manifested by the premonitory symptom, may be immediately placed under the proper treatment for arresting the further progress of the malady.

“Having examined, as closely as the time and means at our disposal would permit, the late extraordinary increase of mortality in the metropolis, amounting in eleven weeks to 6145 deaths above the usual average, an excess of mortality during these eleven weeks greater than the entire mortality from the cholera in the metropolis during the twenty-one weeks when it prevailed in the year 1832; we find—

“That of this excess of 6145 deaths, 1522 deaths were registered as deaths from epidemic influenza, but that the deaths from epidemic typhus, and from pneumonia, bronchitis, and the whole class of diseases of the lungs, commonly brought on at all times by cold, damp. and atmospheric impurity, have also been very numerous; the number of deaths from typhus having been during the eleven weeks 999, and the number *above the average* from diseases of the lungs (apart from influenza) 2655.

“That sickness and mortality from diarrhœa and from typhus of precisely the same type as that which preceded the former visitation of cholera have been excessive among the population of the low, ill-drained, ill-cleansed, and over-crowded neighborhoods that are marked as the cholera tracts of 1832.

“That the climatorial changes observed, as antecedents to this recent excess of mortality in the metropolis, have been an excess of humidity in the air, and rapid and extreme changes of temperature; and that such excessive humidity has been the chief observed antecedent to former visitations of influenza.

That the inmates of a model lodging-house, and the prisoners in the chief prisons in the metropolis, where the drainage, cleansing, dryness, ventilation and warmth, are better than ordinary, have been distinguished by proportionate immunity from typhus, influenza, and other epidemic diseases, affording an exemplification of the freedom from such disease, which would probably follow the extension of similar sanitary arrangements.

“That in the lower, the ill-drained, and the worst-cleansed districts, in the close streets, courts and alleys, chiefly occupied by the poorer population, typhus and other epidemics are now prevalent, with an increasing frequency and intensity, constituting, in our opinion, the state of evil contemplated by the Contagious Disease Preventive act, which authorizes the appointment of local Boards of Health, with powers for cleansing and the adoption of other preventive measures.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JULY 5, 1848.

No. 23.

BIOGRAPHICAL SKETCH OF THE LATE JONA. A. ALLEN, A.M., M.D.

BY S. PEARL LATHROP, A.M., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

AT the last meeting of the Addison County Medical Society, I was charged with the duty of preparing for the Boston Medical and Surgical Journal, a biographical sketch of Jonathan Adams Allen, M.D.; also at the last meeting of the Middlebury Historical Society, the same duty was assigned me.

One of the objects in view in preparing a biography of Dr. J. A. Allen, is to pay a due respect to the memory of a good man, a persevering student, a skilful physician and a true christian; another, to lay before the younger members of the medical profession, and young men generally, a good example of enduring patience under suffering, of unwearied perseverance under difficulties, and of ultimate success in the attainment of the end sought.

Jonathan Adams Allen was of poor but respectable parentage. He was born November 17th, 1787, in Holliston, Mass. His father was Amos Allen, son of Seth Allen, of Holliston, whose father immigrated to this country from Wales. His mother was the daughter of Abel Smith, of Holliston, and granddaughter of Jonathan Adams, of Medway, Mass. This Jonathan Adams was born about the year 1700. His mother was killed by the Indians when they burned that town. They seized this little fellow by the feet and dashed his head against a stone, then left him, as they supposed, dead upon the ground. On the next day, however, he was discovered alive. He was afterwards a member of the first Colonial Congress held at Salem, and a captain in the first army raised in Massachusetts. He died at the advanced age of over one hundred years.

Through this same Jonathan Adams, Dr. Allen's genealogy may be traced to the same origin as that of the two illustrious Presidents—John Adams and John Quincy Adams—the latter of whom has so lately departed from the councils of the nation, loaded with the honor of his countrymen and embalmed in the memory of the living.

Dr. Allen received the name of Jonathan Adams at the request of his great-grandfather, who promised his parents, in consideration thereof,

to give him a sheep. His parents emigrating, however, to the then wilderness of Vermont, a hatchet was thought more serviceable and appropriate to his future condition.

He remained with his father in Newfane, Vt., laboring most of the time upon the farm, until he was 21 years of age. It is supposed that he received, during this time, a good common school education, though it is said that his father never purchased for him but two books—a *primer* and Webster's *spelling-book*. All his other books were purchased from his own means, obtained by the trapping of minks and muskrats, and selling their furs.

On the morning of his 21st birth-day, Nov. 17th, 1808, with a few clothes tied up in his pocket handkerchief, he left his father's house to seek his fortune in the world. It is with interest that we contemplate this period of his life. Nothing very striking had marked the few and fleeting years of his minority, save it be the fact that he loved knowledge and was willing to make greater sacrifices of personal comfort and ease to obtain it than young men usually are. Who now would predict his future course and its noble results from the scanty data of the past? Some random seeds of knowledge, however, had been sown, and had fallen into the good ground of an honest heart.

One of the first acts of Dr. Allen, after reaching his place of destination, reveals to the accustomed observer of God's providence, which never discards means, the unclouded future of scientific attainment and professional aggrandizement. He came to the West Village of Townshend, in this State, and having entered upon the duties and drudgery of a school teacher, he immediately made arrangements with the minister of the place to be instructed in Latin. Evening after evening, even when wearied by the severe duties of the day, by the glaring and varying light of an old-fashioned fireplace, undisturbed by the noise of numerous children, the subject of this memoir might be seen plying, with unwearied earnestness, all his powers in the acquisition of that knowledge which was to be the basis of his future attainments.

He continued thus to teach and to study for several years. He, however, at length entered upon a course of study preparatory to the practice of medicine, under the instruction of Paul Wheeler, M.D., of Wardsborough, Vt. He attended medical lectures at Dartmouth College at the time when the celebrated Dr. Nathan Smith was at the head of that school. From this eminent physician and surgeon, he seems to have imbibed many of those traits of character which so highly distinguished that great man.

He received his degree of Doctor of Medicine at that College, August 24th, 1814, having attended the prescribed courses of lectures and passed satisfactory examinations. He immediately entered upon the active duties of his profession, in company with his former preceptor, in the village of Wardsborough. This copartnership existed two years, when, by earnest solicitation, he removed to Brattleborough in August, 1816. He continued there in the practice of medicine until he was appointed lecturer on Chemistry, in Middlebury College, October 9th, 1820. He did

not remove his family to Middlebury, however, till the spring of 1822, at which time he was also appointed to the professorship of Materia Medica and Pharmacy in the Vermont Academy of Medicine, which at that time was under the patronage of Middlebury College. When the fact became known that he thought of leaving Brattleborough, he was solicited by the inhabitants of some of the towns near there, to establish himself among them, and they pledged to him a liberal patronage if he would do so. It appears from letters of solicitation found among his papers, that Dr. Allen, at this early period in his professional career, had taken a high position in the rank of physicians.

After removing his family to Middlebury in 1822, he commenced the practice of his profession in that place. He continued to lecture in the College till 1826, and attended to the duties of his professorship in the Academy of Medicine till 1829. His professional practice continued till his death, which occurred at Middlebury on the 2d of February, 1848, at the age of 60 years.

To form a just opinion of the character of Dr. Allen, it will be necessary to view him in the various relations which he sustained in life. He seems to have *devoted* himself, early in the course of his study, to the acquisition of knowledge, and particularly to a knowledge of natural history, especially those branches most intimately connected with his profession. It was during the few years of his residence in Wardsborough and Brattleborough, that he made quite an extensive collection of minerals. This was afterwards purchased by Middlebury College, and for some time formed a large portion of the mineralogical cabinet of that institution. A few years since, when the minerals were all handed over by the writer of this sketch, it was found that a large number of the labels were in his hand-writing, showing that they were analyzed and their names appropriated to them by himself. Several scientific articles which appeared about this time in Silliman's Journal of Science, also show his interest in this branch of natural history.

At a somewhat later period, he collected two extensive herbariums, one of which he arranged according to the artificial method of the Swedish botanist Linnæus, and the other according to the more scientific and just method of the distinguished French botanist Jussieu, called the natural system.

He was also peculiarly interested in comparative anatomy, and made himself more or less acquainted with the *faunæ* of this and the adjoining States. If any new or strange animal was caught or killed in this region, he was made the judge of its character, and was called upon to give it a habitation and a name. This was especially the case when our State paid a bounty for the destruction of wild beasts.

It was said, indeed, that he was led to the choice of the medical profession by his great interest in the study of the lower animals, great numbers of which had fallen victims to his curiosity.

To the science of chemistry, Dr. Allen had given the closest and the most exact attention. He made himself familiar with the nicest principles of combination found in the various medical formulæ. While at

Wardsborough and Brattleborough, he was accustomed to lecture on chemistry in the towns adjoining. His success in these lectures brought him to the favorable notice of the Trustees of Middlebury College, and secured his appointment as lecturer on chemistry in that institution. The skill and the remarkable power of adaptation which he exhibited in the *getting up* of his chemical and philosophical apparatus, was truly Frank-
linian, and would have done honor to the distinguished American philosopher. His bottle, gun-barrel, tobacco-pipe and wash-tub, in the district school room, would make a sorry appearance beside the splendid retorts, furnaces, test-tubes and pneumatic cisterns in the laboratories of our colleges. The enthusiasm of the philosopher, however, was there imparting life and power to them all, without which the most splendid apparatus is but dead matter—simply glass and metal. At a later period Dr. Allen was accustomed to prepare many of the choicest articles of the *materia medica*, so that, to a very great extent, he had rendered himself independent of the apothecary.

He ever had a restless anxiety to become familiar with the laws of nature. It was his usual practice to study them in all the various phenomena resulting from their action, with a zeal and a zest known only to those who become *adepts* in the process. It was not, however, merely as a naturalist that he devoted himself to the acquisition of a knowledge of nature, but as a physician in the truest sense of the term. He believed disease to be a natural phenomenon, and regulated in its rise, progress and termination, by laws as fixed and capable of being determined as are other natural laws. His views of the *modus operandi* of medicines are so just, and, at the same time, so well show his manner of philosophizing, that we are unwilling to resist the temptation of quoting a few extracts from his "System of Pharmacology," the first number of which, alone, was ever published. "Every active substance in nature, when exhibited, exerts upon the system an action peculiar to itself; the changes, therefore, both primary and secondary, which are produced by medicinal agents, are exceedingly numerous; and, however numerous and complex the remedial effects of a given agent may be, yet such is the influence of the laws of life, that under any diathesis, the same substance, in the same existing circumstances, it is believed, invariably results in sameness of effects.*****These principles are as fixed as any of the laws of nature. We readily admit, in the physical sciences, that from the same causes the same results proceed—all circumstances being equal. And can we suppose that He, who imparted unvarying laws to inanimate matter, has withdrawn from it his absolute governance by endowing it with life? Do not the several systems of the human body, in the performance of their functions, coöperate in a certain manner, which by observation has been reduced to scientific principles? And shall we therefore refuse to medicine the same certainty, which is readily admitted in all other cases to be established by an omniscient power? The *ars conjecturalis*, therefore, as applied to medicine, is the offspring of ignorance, and not the deduction of sound philosophy. The truth is, the apparent aberrations in the operations of medicines, result not from un-

certainty, but from inattention to the existing state of the system.***** The acknowledged immutable laws which pervade animated nature in health and disease, afford every encouragement to the votaries of medical science. Different, indeed, from the laws of inanimate objects, but not the less sure. Rendered more complex by the vital spark, the essential character of which is locked up in the bosom of our Creator, and yet in their operations, like chemical affinity, equally subject to our observation."

In accordance with these views, he constantly endeavored to make himself acquainted with all the circumstances which might come in to modify the operations of medicine, or in any way change the phases of disease. He was continually watching the phenomena daily transpiring around him, and was accustomed to note the thermometrical and barometrical changes, and compare them with the characteristics of prevailing diseases. He watched closely the incipient as well as more advanced stages of the different epidemic and endemic diseases, which from time to time made their appearance. It was this critical observation of his, which gives value to the several essays which he published at different times. His history of "Erysipelatous Fever," as it appeared in this region a few years ago, has been quoted by some of the best medical writers upon this disease, since his article was written. The last article which engaged his attention previous to his death, which, however, he never finished, was a history of the diseases of Addison County, for the purpose of comparing their character with the geological formations of the different districts of the county.

His minute and exact knowledge of the different principles of the numerous articles of our extensive materia medica, and the various degrees of power with which they enter into combination, is a forcible and happy illustration of the truth, that there is no *one* study so all-important to the medical man as that of natural science.

With these predominant traits of character as a student of nature, it is easy to predict what would be his character as a student and practitioner of medicine. When called to visit the sick, every case was, in his view, a problem of nature, and could be solved only by a knowledge of natural laws, and being familiar with these, he was seldom at a loss to decide what course to pursue. It could never be said of him that he was a *routine* practitioner. He was accustomed to examine critically medical authorities, and to digest well their views on any point, but these views were ever held subject to his own judgment.

Dr. Allen was thorough and more than commonly happy in his diagnosis. He was also peculiar for the skill displayed in the choice of his remedies. From his extensive knowledge, he was enabled to take into consideration all the modifying circumstances, and prescribe accordingly.

From his great knowledge of diseases and his success in their treatment, his practice became extensive. No physician in this portion of the State was more frequently or extensively called in council, and few enjoyed, to so great an extent, the confidence and friendship of their brethren. As a surgeon, he was much distinguished throughout this region,

and in a portion of the State of New York. Scarcely any operation of note was performed in this vicinity, by any other surgeon, for several years. As an operator, he may be ranked among the most successful, though his operations were not performed with that adroitness which distinguishes some of our best surgeons. He acted according to the motto—that a thing well done was quick done. One thing worthy of particular attention in the operations of Dr. Allen, is, his great and even remarkable success in those performed upon old people. Out of a very large number of this class performed by him, it is not known that he lost one. It is the general opinion that old people are not good subjects for surgical operations.

He was particularly attentive to his patients. This was especially the case when their condition was at all critical. He has been known often to leave his couch at the dead of night, uncalled and perhaps worn down with severe fatigue, and visit the sick room, that no unforeseen and unprovided-for supervention might steal the march. Many in this vicinity remember with gratitude his unwearied attention in times of danger. He was very remarkable for his skill and indomitable perseverance in cases of extremity. He would never give up his patient as lost while life remained.

Dr. Allen was a thorough and well-read physician. He was not only familiar with the best approved medical writers, but he was accustomed to supply himself with the leading and ablest works of the various schools of medicine. He had adopted the maxim of learning even from an enemy. Few physicians in the country can boast of a better or of a more thoroughly studied library. He supplied himself with the best medical publications, and his library increased in size and value for the last few years as greatly as at any period of his life. It was with his books that he sought and found his chief recreation from the severe duties of his profession. It has been truly said of him, that “he applied himself more closely to the study of medical works during the last ten years of his life, than do most medical *students*, before receiving their diploma.” He furnished several articles for some of our best scientific and medical journals. To some of these we have already alluded. These are all characterized by his peculiar genius and critical observation. He had also rendered himself familiar with the discussions and news of the day, and had paid some considerable attention to history.

As an instructor, he was most highly esteemed. Though not endowed with a good delivery—his voice being weak and his utterance indistinct—yet he readily secured the attention and respect of his listeners by the truthfulness and justice of his instructions. As a private tutor few can be more able and faithful. He endeavored to inspire his pupils, both by precept and example, with a love for the profession, with activity and energy in the practice of it, and an enthusiastic zeal in the promotion of its interests. All who were instructed by him, remember him with a warm personal regard. They could not but be struck with his almost unlimited knowledge of his profession, and his happy application of this in communicating instruction to them, either in the retirement of the study

or at the bed-side of his patients. It was his opinion, one upon which he acted, that the medical profession could be elevated *only* by a thorough medical education of its members, and by introducing into its ranks thoroughly-disciplined practitioners. Nothing, therefore, would sooner exhaust his patience, than the indifference of a medical student, who wasted a large portion of the time allowed for reading, previous to the receiving of his degree. Dr. Allen himself ardently loved the studies and duties of his profession, and regarded it somewhat in the light of the ancients, who thought that physicians ranked next to the gods. He delighted in its prosperity, and was, at the time of his decease, one of the most important members of the State Medical Society, and the most active member of the Addison County Medical Society. The meetings of the latter Society were rendered very instructive and profitable by the several communications made by him.

Dr. Allen manifested, through his whole life, a remarkable love of order and punctuality. The former trait could not but have been noticed by every one who entered his study as a permanent student or as a transient visitor. The latter was well known to all who ever had an appointment with him. His extensive library (now in the possession of his son, C. L. Allen, M.D.) neatly arranged in cases, and the large collection of engraved portraits of the most distinguished physicians and statesmen, which ornamented the walls, imparted to his study an air of quietness and ease, seldom found in a doctor's office.

Dr. Allen was also distinguished for his benevolence. The poor were visited by him with the same concern as the rich. Many were the objects of his charity. He was the common counsellor of the widow and the fatherless, and the provider for their wants. Knowing the value of knowledge, he was ever anxious that others should obtain it. He was, therefore, accustomed to furnish books to those who were unable to obtain them for themselves, and if necessary would instruct them. Many instances of this character are known to the writer of this memoir. His benevolence not only commenced at home, but it extended abroad. The doors of his house were always open to the poor and to the afflicted—to those who were suffering from the want of property or friends. They found under his roof not only the kind, able and sympathizing physician, but *there* they found, also, “fitly and fortunately associated with him,” another kind friend, who surpassed almost all others in the excellency, purity and benevolence of her character. The memory of Mrs. Allen, whose death occurred only a few months before that of her husband, is richly embalmed in the hearts of her friends and of those who knew her only to love her.* Dr. Allen was an able advocate of the principles of temperance, and exemplified them in his own person. His “*Essay on the Use of Narcotics in Health and Disease*,” is an able article, and

* Dr. Allen was three times married. His last wife only was known to the writer. By his first wife he had four children—one daughter and three sons. The sons are yet living, two of them being physicians—Charles Linnæus Allen, A.M., M.D., in the practice of medicine in Middlebury, Vt.; William Cullen Allen, a farmer at St. Josephs, Mich.; Jonathan Adams Allen, A.B., M.D., in the practice of medicine in Kalamazoo, Mich., and a professor of *Materia Medica, Therapeutics and Medical Jurisprudence* in the Indiana Medical College.

worthy the attention of all those who have made themselves slaves to their use.

The crowning trait of character of Dr. Allen, and the one which harmonized and rendered most valuable all his other qualities, was decided and stable christian principle. He was a firm believer and supporter of the christian religion, and for many years a member of the Congregational Church. He first became connected with the church in Brattleborough, in 1818, then under the pastoral charge of the Rev. Caleb Burge. Religion with him was not a matter of profession alone, but of principle. It exerted its benign influence on the affections of his heart, and exhibited itself, in its power and excellency, in the moulding of his thoughts and generating of his actions.

Few physicians are more widely and familiarly known than was Dr. Allen. Though he did not enjoy a very healthy constitution, yet he possessed great powers of endurance, which, united with his great force of will, made him a most active man in his profession. For many years he was troubled with a strumous diathesis, which, for the last two years of his life, greatly impaired his health and weakened his energies. Through the winter of 1845-6 his ride was more extensive than usual. During the months of February and March, 1846, he had frequent shooting pains in the left ear. Early in April, a discharge commenced from the external meatus, which continued until his death. In May and June following, although his mind seemed to be perfectly clear and active, yet he was unable to walk without assistance, even across his room, on account of giddiness. On the first of July he visited Saratoga, where he remained a few weeks, and returned much improved in health. Soon after his return, a polypus of about the size of an acorn was taken from his ear, disclosing a sinuous ulcer, from which, afterwards, small fragments of bone were occasionally discharged.

During the fall and winter succeeding, he was able to continue the practice of his profession; but in the spring was confined to the house for two or three months. In the summer he was better, and in September, 1847, made a trip to Montreal. He seemed very much benefited by this journey. In October, he visited Montpelier to attend the annual meeting of the Vermont State Medical Society. In November he attended, as a delegate from the State Society, the examination in the Vermont Academy of Medicine, and addressed the graduates. On Sunday, the 22d of January, 1848, he attended church one half of the day, saying "he knew that it was more than he could endure, but as it would probably be the last time he should ever be able, he was determined to do it." After this, he never left his house. For a few days he was able to take his meals with the family, but after the 8th of January he was confined wholly to his bed. The religion which he had professed, and which had rendered him support in the many and severe trials of his life, now afforded him consolation and support in the approach of his dissolution. Though little could be learned of the condition of his mind for the last few days, on account of his lethargic state, yet his hope seemed to rest in God.

Dr. Allen's death will be long and deeply felt by the community of which he was a member, and especially by his medical brethren, to whom he was an able counsellor and a fast friend.

It will be seen that Dr. Allen was no ordinary man. In very many respects he offers an example well worthy of the imitation of his fellows in one of the noblest of professions, and one which should enkindle in the breasts of the younger members of the faculty, a zeal and emulation that shall burn with increased brilliancy till the lamp of life be extinguished.

ON EPIDEMIC INFLUENCE.

[Continued from page 441.]

HAVING drawn the lines of demarkation between *contagious* and *epidemic* diseases, we are now prepared to advance further in the discussion of the present subject. We have defined contagion and infection, and we have *spoken* of a peculiar influence styled epidemic. What is this influence, and where does it exist? If I say that it is a certain something existing in the atmosphere, I say all that is known of it as an element or thing *per se*; I describe it as clearly as systematic writers have ever done; but I do not furnish any additional knowledge, nor confer any new idea. If I leave it here, I shall come short of what I anticipated in the beginning; for I intended to inquire somewhat into its nature, and *modus operandi* in producing disease. We know nothing of the essential properties of *miasma*, but we do know that it is a poison capable of creating certain disorders, and we know that it operates as a *virus* upon the human system, producing endemic diseases—that intermittents and remittents prevail most in those regions where there are marshes and moist grounds, &c. &c. But this kind of poison (malaria) does not act without a concurrence of other causes, such as heat, moisture, &c. If it does, it is only in a comparatively feeble degree. Is this true of the epidemic poison? Is there not an *association and concurrence of causes* concerned in the production of epidemic disorders?

I shall now attempt to show, *first*, what are some of the causes of epidemics; *second*, that there necessarily is a concurrence of causes which give type and character to the prevailing disease; *third*, the manner in which some of these agents act upon the human body.

I. In establishing our first proposition, we assume that the atmosphere may be charged with a virus whose influence is destructive to the health and lives of those who breathe it; that this atmospheric influence, whatever it is, will either directly or indirectly induce disease in those who are susceptible to its operation. It is a well-known fact that the atmosphere consists chiefly of oxygen and nitrogen gases; that it also contains an essential quantity of carbonic acid; which, however, vary at different times. Besides these, there are found variable quantities of the vapor of water, ammonia, sulphuretted hydrogen, and carburetted hydrogen. As we ascend to the more elevated regions, the air becomes more dense, &c.

Chomel says, "The air has a very decided influence on the human

body." He, however, is inclined to the opinion that this influence is more limited than some are willing to admit ; but he informs us that certain conditions of the atmosphere predispose to diseases of an inflammatory nature, another condition to the superficial inflammations, as the exanthemata, &c. Other states of the air, he says, favor the prevalence of the adynamic diseases ; others, again, of catarrh, rheumatism, &c.—(*Vid. Elements of General Pathology.*)

It is the opinion of some of the French pathologists, and among them Andral, that the first change that takes place in typhus or typhoid fever is in the blood. Prof. Clark, of New York, entertains the same views. Now if this doctrine be well founded, cannot some explanation be found for it in the fact that poisonous gases do exist in the air, as we have already maintained. Every one is acquainted with the poisonous nature of carbonic acid gas. May it not be supposed that if large or unusual quantities of this fluid exist in the atmosphere, its narcotic and other deleterious properties will produce a bad or depraved condition of the blood? If it were possible for a person to survive in a vault where this gas was sufficient to form a proportional small part of the volume of such an atmosphere, would not the blood become manifestly impaired in a short time? If this virus was in the air, in less quantity, but for a longer time, would not similar results follow? I suppose that an atmosphere loaded with such a gas predisposes to typhoid and adynamic affections. Indeed, I have just as good grounds for maintaining this opinion, as Chomel has for assuming that "A warm, dry air, hastens the development of erysipelas," &c. It is highly dangerous to breathe air which contains much carbonic acid gas ; it will cause instant death when it is in abundance. Now will it not produce disease when its influence is *long* continued, though the quantity be comparative small? We have found, too, that the most active of all the gases, *carburetted hydrogen*, sometimes exists in the atmosphere. Even when largely diluted with atmospheric air, it occasions vertigo, sickness, diminution in the force and velocity of the pulse, reduction of muscular vigor, and every symptom of diminished power." Such an agent, too, must by necessity exert a deleterious influence upon the animal economy, when brought to bear upon it, as would be the case if this gas was contained in the atmosphere in appreciable quantities. Sulphuretted hydrogen is another poisonous gas which does occasionally exist in the air, and it is an extremely deleterious fluid. When respired in a pure state, it kills instantly, and its deadly agency is rapidly exerted when put in contact with any of the tissues, through which it penetrates with astonishing rapidity. Even when mixed with a portion of pure air, it has proved immediately destructive." Some of these gases have been employed as therapeutic agents, and they have caused immediate death in so many instances, that their properties are very well understood. Those authors who have ascribed the origin of some fevers to sulphuretted hydrogen, were undoubtedly correct in their opinion ; and it is quite as rational, I think, to add to the predisposing causes of disease, those other poisons which have been already alluded to ; their existence in the atmosphere, at different

times, is unquestionable, and their deleterious properties have been clearly demonstrated. Aqueous vapors are, and have been for many centuries, acknowledged causes of disease—a *warm*, moist atmosphere favoring the development of one type of affections, a *cold* moist air another.

Now comes in a well-established fact, that when infectious poisons, or concentrated human effluvia, are mixed, as they often are, with the poison of malaria, a new disease results from a combination of causes, different from typhus fever or intermitting fever—a mixed fever, the consequence of a mixed poison operating upon the human body. As, for instance, if a person who has a bilious remittent, be placed in an atmosphere favorable to the development of typhus or dysentery, he will not manifest the signs and symptoms of typhus or dysentery, nor will his disease continue in an unbroken type; but it will assume a mixed character, partaking of the nature of both diseases, showing that both kinds of poison have operated upon that individual. Again, the epidemic poison, whether it consist of gases or vapors, often commingles with the marsh poison, or with the infectious virus of ill-ventilated habitations, and induces diseases entirely different from the original disease, or differing from the complaint which either noxious agent would produce by itself. A person poisoned with a mixture of opium, aconite and belladonna, would manifest symptoms quite different from those which would arise from a destructive dose of either drug taken alone. So a person poisoned by human effluvia, marsh miasm and a vitiated atmosphere, acting in concert, will exhibit disorders essentially differing from those which would be the consequence of either of these morbidic agents acting singly. And this is the case; the three morbidic agents do act upon the human body at the same time, inducing disorders unlike those which *one* of them would be capable of developing without the co-operation of the others. A person sick with marsh fever, taken to a hospital where there is typhus, will soon manifest typhoid symptoms—a new disorder being developed, unlike the first. If the region where such hospital is situated, is at the same time visited by some epidemic, as, for instance, erysipelas, the complaint assumes yet another shape, and a new disease is the result of this compound poison operating upon the patient. And this is a concurrence which has also been noticed by many physicians. Authors frequently allude to this, and hence, it has become a truism, that during epidemics, “*the prevailing disease swallows up all other disorders* ;” i. e., during the prevalence of an epidemic plague, typhus, dysentery, or other diseases of this class, every indisposition of a febrile sort readily assumes the character of the prevailing disorder.” This class of diseases, therefore, has a law peculiar to itself; that is, they are regulated by three leading circumstances—viz., 1st, the type of the original complaint; 2d, the nature of the secondary poison; 3d, the character of the prevailing epidemic, which depends mainly upon a peculiar and unhealthy condition of the atmosphere.

Any physician must be a superficial observer, indeed, who has had any experience, and has not become aware of the ruling influence of epidemics; who has not been struck with the uniformity of the symp-

toms of all febrile complaints when an epidemic was in progress. Sydenham observed it; and the history of disease, from his time to the present, confirms his observations.

Epidemics suddenly appear, and it is not less true that they as suddenly disappear, and that, too, perhaps, when the greatest number of persons are sick—showing that the poisonous fluid has been in some unknown manner annihilated. Will the science of chemistry, as it advances, furnish us with accurate explanations of these intricate phenomena in the affairs of nature? From what that science has achieved for medicine, I think it is not extravagant to expect that it will, at no very distant day, furnish us with the light which we need on this subject, and also with such other knowledge as shall enable us to devise prophylactics and to prescribe remedies which will be efficient agents in warding off and curing diseases which take their origin from poisons mixed with atmospheric air.

But I have claimed that besides the atmospheric poisons, there were other causes for epidemics. For evidence of this, we may even go as far back as the time of the plague in Athens, accounts of which go to show that an impure atmosphere was the “vehicle or medium,” by which the disease was propagated; and as the disorder prevailed at different periods in Athens, Rome, Marseilles and London, its history furnishes us with data which establish the doctrine that there was a combination of causes that produced this terrific and malignant epidemic, such as impure air (the atmosphere probably containing some destructive gas or other morbid agents), a crowded state of the towns and cities, the people fatigued, famished, terrified, debilitated, &c. &c. The ravages of epidemics are sometimes confined to certain classes of the inhabitants of a place, while all others escape. This fact shows that there are preventives somewhere, and that a combination of causes is necessary to the operation of the main one. When the plague prevailed in Marseilles, and in London in 1665, it was confined to the poor.* A malignant fever once prevailed in New York, and scarcely any were attacked save the colored population. It was an epidemic among the blacks, and might be styled so with as much propriety as we speak of an “epidemic among horses,” &c.

[To be concluded next week.]

* “Than the moral and physical evils, as well as the management of the poor in great cities, there is no subject that lies more peculiarly within the scope of public hygiene. That the fatality of epidemics is in proportion as the population is poor and crowded, is proved on every hand. Indeed, no branch of medical inquiry is more interesting than the history of epidemics—a great question, which, as has been truly remarked by Sydenham, has never been treated ‘in proportion to the dignity of the subject.’ The history of London shows, that in the same ratio as filth, want and misery are removed, do epidemics lose their chief power.”—(*Vid. Forry on Hygiene, Section III.*) I think this author has attributed too much influence to a want of cleanliness, bad ventilation, &c.; for it is well known that the most fearful epidemics have prevailed where such a condition could not be enumerated as the prime cause of the disease. That they are concurring causes, I admit; indeed, they may be said to be the firebrands which light up and keep in progress the most desolating epidemics. Epidemic typhus and erysipelas often prevail in the country where the rich and the poor suffer in about the same ratio, which is evidence that the principal cause is other than filth; though the wretchedness that attends poverty in large cities seems to invite the chief influence to operate upon the lower classes, as was true of the plague in London, which was so confined and restricted to those orders of society that it bore the name of the “poor’s plague.”

MEDICAL MATTERS IN KENTUCKY.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Months have elapsed since I sent you a communication from Paris. The West Indies have occupied my attention during a part of the winter, and New Orleans the remainder of that to you inclement season of the year. Spring, bringing its flowers, was accompanied by a degree of heat, which has forced the crowd to migrate. Travelling as physician, to an intimate friend, who is *en route* for Europe, I find myself detained by his illness, and tormented by a *cacoethes scribendi*, in this hospitable and elegant city. The medical school, called here, as elsewhere in America, College, is a building every way fitted for the instruction of pupils. It is quite near enough to the centre of the town, but sufficiently removed from the enticing pleasures to enable a youth to concentrate his mind on the subjects under consideration; a hard matter when six or seven lectures a day are delivered. Of the professors, I had the pleasure of knowing but one intimately, Professor Gross, of the Surgical Chair, whom you know. Never having had the pleasure before, I threw myself upon him with a perfect *abandon*, and was received by him with kindness, yea with cordiality and respect. By the way, I owe much here to your pages. He has engrossed a very large part of the stranger practice, and more than his full share of the patronage of the city. At this I was not at all surprised, when, independently of his fitness, I found the school numbering four hundred pupils, who are all accessory surgeons to the person occupying the chair.

I had great pleasure in introducing to Dr. Gross, Prof. Stone, of the New Orleans Medical School, and Dr. Lewis of Mobile (who by this time must be with you), on the occasion of an operation for lithotomy upon a young man of 20, from whom Dr. G. extracted a calculus fully equalling a pullet's egg in size. For the countenance of young professional men, I may here state that from an anomalous distribution of the transversalis, this artery was cut by the operator, but without any disadvantage to the operation, the youth being at this date in full convalescence. Another practical lesson was taught, from the fact that stone had not been suspected, and the patient had been subjected to a destructive treatment for chronic nephritis by other attendants. The next case in which I had the pleasure of assisting the Professor, was one of hare-lip and cleft palate of an infant eleven days old. Here a remarkable projection of the jaw presented a difficulty in obtaining union. The usual operation being performed, union promised fairly. In three or four days, the twisted sutures being removed, this hope was disappointed by the protrusion of the alveolar process, and other pins were inserted at the distance of half an inch from the edges of the cleft lip. The ethereal solution of gun-cotton was applied as an adhesive bandage, and union obtained for two thirds of the extent. Another long needle was inserted, the edges being pared again, and the lymph stripped off. The case will undoubtedly be successful; a result of the happiest kind, when the extent of the separation and the early age of the patient are considered.

A successful case of operation for stone in a child 4 years old, where the calculus was larger than a pigeon's egg, offered a practical lesson as to the inability to decide exactly on the size of the stone, it being pronounced by the Professor and myself, when sounding, to be of the size of a large nutmeg, and illustrated the impunity with which the bladder can be cut when the patient's constitution has been properly prepared, it being difficult to hit the groove of the small director necessary in so young a subject. At this date, some six days, the wound is in a healthy and healing condition—the little shaver gay and contented.

Two cases of strabismus (an operation which I may say is almost entirely abandoned in France) completed the cases which I had the pleasure of seeing with the doctor. He here boldly separates the conjunctival sac, satisfied that the danger of exophthalmos is less than the risk of leaving some of the fibres uncut, as may occur in the sub-mucous membranous section. The success, up to this date, marks the propriety of his judgment. Dr. G. fixes the eye differently from Velpeau; the hooked forceps being placed by me, at his desire, on the side of the cornea, next the muscle to be divided.

Louisville has an excellent hospital, under the care of Dr. Tiles, where I met with numerous cases of purulent conjunctivitis, a disease whose effects are little understood by general practitioners, and on which it is my intention to give you a paper at some early date. The city can boast of an intelligent faculty in and out of the College. The College museum is good, and constantly increasing; in fact the city is and will continue to be the focus of western medical education.

I had neglected to say, when speaking of the first case, that Professor Stone, of the Charity Infirmary, stated that but one case of creole stone had ever been well authenticated in the State of Louisiana. In Kentucky, Dudley is said to have cut upwards of one hundred.

I leave shortly for Cincinnati, and will, if agreeable, and if opportunity offers, write you about the impressions made on me there.

Louisville, June 16, 1848.

Yours truly, CLENDINEN.

“MEDICAL FEES FROM CLERGYMEN.”

[Communicated for the Boston Medical and Surgical Journal.]

It seems a resolution, obviously intended as *retaliatory* upon the clerical profession, was introduced at a late meeting of the Connecticut Medical Society, by Dr. Platt; but was “laid on the table,” at the request of the mover, “for after consideration.” I know not what may be the bearing of ministers of the gospel towards the medical profession, in that State. If medical usage in Connecticut forbids the exaction of a fee from a clergyman, it is just what might have been expected from that highly cultivated and liberal section of New England; and it is much to be regretted that a vindictive measure, so discreditable to a liberal profession, should have been suggested in such a place. Although there may have been multiplied instances of absurdity, folly and injustice, on the part

of individual clergymen towards the medical profession, it is nevertheless true that, as a *class*, we find them what should be expected of intelligent and cultivated men; the most efficient advocates and supporters of legitimate medicine. Shall physicians, as a *class*, be degraded to the level of the fanatics and fools and swindlers that thrust themselves into their ranks? The organization of all the professions is too imperfect to afford protection from such evils. And shall we enforce a rule on the clerical profession that we might deem so unjust towards ourselves?

In Vermont, the custom prevails, I think, generally, of affording medical attendance on clergymen and their families, without fee. The resolutions offered to the Connecticut Medical Society are also—very *humane*. They decline the exaction of fees in cases of “misfortune and inability” to pay. Yet the subsequent paraphrastic deprecation about “burdening” the pocket of the medical attendants with the contents of the poor clergyman’s *empty* purse, is, I ween, somewhat supererogatory.

That the *needy* physician should receive a pecuniary compensation for services rendered the clergyman in easy circumstances, is very reasonable; nor will he often have occasion to remind his patient of the fact. But the sweeping injustice of attempting to stigmatize a whole profession for the sins or follies of a few individuals, would only recoil upon ourselves.

J. L. CHANDLER.

St. Albans, Vt., June 22, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 5, 1848.

Sanitary Commission of England.—A system for the general improvement of the public health has been completed by the energy of the British Parliament, which marks, in a prominent manner, the progress of civilization, since the preservation of human life should be the highest ambition of a civilized State. The first report of the Commission, with accompanying documents, loaned to us by Lemuel Shattuck, Esq., a compact volume of 430 octavo pages, which was more particularly referred to in last week’s Journal, presents a mass of information in regard to the true mode of bettering the condition of towns and cities, in reference to the maintenance of the health of families, which is unequalled in the whole history of nations. Individuals have explored the sources of poisonous exhalations, the track of a pestilence, and the causes which operate against the health of certain districts; but a great inquiry, like this, undertaken by an enlightened nation, with no other desire than to preserve health by discovering the causes that injure it and thus shorten the duration of life, constitutes an epoch of which humanity may be proud; and the fact will go down to succeeding generations, in the light of a proud conquest of Christianity over the selfishness and recklessness of past ages.

In looking over the topics which have engaged the close and persever-

ing attention of the Sanitary Commissioners, one of whom is the celebrated Dr. Southwood Smith, we feel humbled at the low estimate in which these inquiries are held in our own large cities and towns. If the value of life is decreasing among us, it must be imputed to the positively criminal neglect of the municipal guardians of health. One of the abominations of our day, that constantly militates against an improved state of health in cities, and especially in Boston, is the reception of vast numbers of dead bodies in tombs, both in out-door cemeteries and under churches. In the course of a few years, all but the bones of these bodies entirely disappear, from the most closely-constructed vault; and as the atmosphere is the only medium of transportation of this vast amount of putrefying flesh, the air is of course charged with an immense amount of impurity; and the citizens, however secure and admirably ventilated they may conceive their dwellings, deteriorate and die prematurely by reason of this slowly operating, but certainly destructive cause of disease. When there is moral courage enough to close the burial yards in all the Atlantic cities and large inland towns of the United States, and no more interments are allowed within one or two miles of the dense population of cities or thickly settled villages, the life offices can well afford to reduce the rates of insurance, because the public health must then obviously be improving. Next to the proper disposal of the dead, the drainage of low lands, accessible to fresh water, and filling up marshy grounds and flats in the harbors, from which death sends off his arrows with unrestrained freedom in the hot months, should engage the public mind. Privies in cities, especially in dark, damp alleys and lanes, are another prolific source of destruction to individual health. Strangely overlooked, in all our cities, they are fountains from which proceed a powerful agency in the destruction of the best of constitutions. The mortality of children in such localities as are in the undisputed possession of a multitude of Irish families, for example, in Boston particularly, is referable, in a deplorable degree, to this unmistakable source. Architects have a fine field for the exercise of their ingenuity in abating this worst of nuisances, by contrivances for conducting mephitic gases into the common sewers.

Finally, the true method of sewerage, to command all the waste water of sinks and yards, is of great importance, and is reduced to a science in England. An order of talents has been enlisted there in the service of Government, second to no court of inquiry ever raised, and the result of their deliberations is one of the grandest schemes for the improvement of the public health on record. Boston is supposed to be in advance of other American cities in respect to this important measure, and there is a progressive activity, from year to year, in extending these under-ground conduits, through which flows to the ocean the accumulated filth that is incessantly gathering above the surface.

With the report before us, we shall again refer to it in the *Journal*, both to propagate its sentiments, of such vital importance to the well being of large towns, and to urge upon the consideration of those whom these pages reach, the necessity of giving heed to the improvements the work suggests, if we would have the infants of this fair country live to a hundred years, a period to which, under ordinary circumstances, a majority of mankind might attain.

Veterinary Record.—This excellent periodical *Journal*, containing the transactions of the London Veterinary Association, has reached the 14th

No. of the 4th volume. We wish enterprise enough could be mustered to re-publish the best parts of the series as they appear. Messrs. Crosby & Nichols, No. 111 Washington street, receive the work regularly from London. Some two or three years since, there was a blustering manifestation of a desire to have a veterinary school organized here; but the enthusiasm died a natural death, and horses, oxen and dogs continue to be unsuccessfully treated by self-taught farriers, as they always were in this country, whenever they are sick.

Ledoyen's Disinfecting Fluid.—Mr. T. R. Hawley, 97 Washington St., has furnished us with various documents relating to the use of this much-talked-of preparation, and we have no hesitation in saying that it holds out very strong inducements to give it a thorough trial. This is the season, particularly, for resorting to an agent of such potency, in damp yards, cellar kitchens, cess pools, and in fact wherever a disagreeable odor exhales in our compactly inhabited cities. If the disinfecting fluid of Monsieur Ledoyen accomplishes but one half that its friends claim for it, it deserves a far more extended use than it has yet received. One of the arguments in favor of instituting a severe trial under circumstances most favorable for testing its powers, is the cheapness of the article. It is a mystery how the manufacturer can afford to supply even an extensive patronage, unless the materials, entering into the composition, are as common as paving stones; which we are sure is not the case.

Fever wards in hospitals, the holds of ships, together with all the vile places from which stenches rise, alike annoying to comfort and destructive to health, are legitimate places, where a free resort to this fluid should be made. We are awaiting the results of the inquiries of others respecting its virtues; in the mean time, those who wish to be satisfied of the truth of what has been asserted touching its remarkable disinfecting properties, can do so by calling on Mr. Hawley.

Vindication of the Hospital Report.—N. I. Bowditch, Esq., is the author of another pamphlet on the ether controversy, vindicatory of the Trustees' Report, of the Massachusetts Gen. Hospital, which waxes a degree or two warmer than the previous one. It came too late for an extended notice, and must therefore be deferred till prior matters are disposed of.

Present to Dr. Morton.—Dr. Morton has been presented with a beautiful silver box, containing one thousand dollars, by his friends. On the lid is engraved the following inscription:

“This box, containing one thousand dollars, is presented to Wm. Thos. Green Morton, by the members of the Board of Trustees of the Massachusetts Gen. Hospital, and other citizens of Boston, May 8th, 1848. He has become poor in a cause which has made the world his debtor. Testimonial in honor of the ether discovery of Sept. 30, 1846.”

Rhode Island Medical Society.—At the annual meeting of the Rhode Island Medical Society, June 28th, 1848, the following officers were elected for the ensuing year:

Dr. David King, of Newport, *President*; Dr. S. Augustus Arnold, of Providence, *1st Vice President*; Dr. George Capron, of Providence, *2d Vice President*; Dr. C. W. Parsons, of Providence, *Recording Secretary*; Dr. Hiram Allen, of Cumberland, *Corresponding Secretary*; Dr. Hervey Armington, of Providence, *Treasurer*.

Five new Fellows were admitted to the Society; and Dr. Abel L. Peirson, of Salem, Mass., was elected Honorary Member.

An eloquent and highly interesting discourse was delivered by the late President of the Society, Dr. Mauran, giving a sketch of the proceedings of the National Medical Conventions, particularly the late Convention at Baltimore.

The Fiske Fund Trustees reported that for the best dissertation on the question, "*Vis Medicatrix Naturæ*—how far should it be relied on in the treatment of diseases?" the Premium was awarded to Charles W. Parsons, M.D., of Providence.

Worcester District Medical Society.—At the annual meeting of this Society, held on Wednesday, 21st ult., the following officers were elected for the ensuing year:—

William Workman, M.D., of Worcester, *President*; John G. Metcalf, M.D., of Mendon, *Vice President*; Benj. Heywood, M.D., of Worcester, *Treasurer and Librarian*; J. W. Robbins, M.D., of Uxbridge, *Secretary*.

Medical Men in the French Assembly.—Of the eight-six departments of France, twenty-three have returned medical men as representatives. In these twenty-three departments, thirty-two medical men are elected as members of the National Assembly. M. Recurt was returned both for the department of the Seine and for that of the Hantes-Pyrénées. The department of Dordogne especially signalized itself in its favor towards medical representatives, having elected no less than five. The profession in Paris seems disappointed in the comparatively small number of its members which has been called upon to act in the government of the nation, and would attribute it, in a great measure, to the little interest mostly taken by them in political matters.—*London Lancet*.

Correspondence.

Reply to "Alpha." TO THE EDITOR, &c. Sir,—In your number of the 14th ult., "Alpha" asks "what quantity of the homœopathic 30th dilution of the tincture of opium would contain the strength of a drop of laudanum," and wishes to be informed through the Journal.

Is it not surprising that "Alpha" did not understand the nature of his question sufficiently to state it in terms which would admit of a direct answer.

By the term *strength*, does he mean medicinal or therapeutic power? This is the kind of strength in medicine for which the disciple of Hahnemann seeks. If he does, we would ask him, how much strength there is in a drop of laudanum? Let him tell us what his drop will do in some given cases, and we will tell him how much of the 30th dilution it will take to produce equally remarkable effects in other given cases.

If he meant to ask how much, by weight or measure, of the 30th dilution it would require to contain a measured drop of laudanum, then, if he is good at figures and patient at multiplication, he can answer the question himself. But we would not advise him to make his 30th dilution by putting the drop into the whole quantity of liquid which his quotient would indicate, as he might find it beyond *his strength* to shake the mixture.

The question, in either form, we would assure "Alpha" presents no *new view* to the student of homœopathy, who has something besides theory or logic to depend on.

Yours, OMEGA.

Preparation of Gun-Cotton. TO THE EDITOR, &c. Sir,—As it is presumed the new adhesive plaster, the ethereal solution of gun-cotton, is no nostrum, or quack medicine, and having used some of the article with much satisfaction, procured at Burnett's, I am desirous to know the precise manner of preparing this solution.

It is spoken of in the Journal as a solution of gun-cotton in ether, but as gun-cotton prepared in a *particular* manner.

I am persuaded you will confer a favor on many of your readers, if you will state the precise mode of preparing the cotton and the ethereal solution.

Thus much I can give assurance of, you will confer a favor on an old subscriber.

St. Johnsbury, Vt., June 25, 1848.

C. J.

Death of Dr. Tenny, of Blue Hill, Me. TO THE EDITOR, &c. Sir,—Dr. Nathan Tenny, a subscriber for your Journal since its first publication, died suddenly on the morning of the 23d inst., aged 79 years. He retained his mental faculties, which were of a high order, until the last. His physical faculties remained but slightly impaired by age until a few weeks prior to his death. Dr. Tenny was born in Bradford, Mass., May 23, 1769; studied in his native place with Dr. Jewett; practised medicine about two years in Litchfield, N. H.; removed to Sedgwick, Me., in September, 1793, and became one of the early pioneers of the medical profession in this vicinity—suffering for many years of his younger days, from faithfulness to his patients, not only the privations incident to his profession, but the severe exposure consequent to a rigorous climate, and almost *trackless* forests. He remained in Sedgwick until 1814, then removed to the adjoining town of Blue Hill, and continued his practice until near the time of his decease—a period of nearly 57 years; equally prompt in his attendance on the poor and pennyless, as on the affluent—acquiring to himself a competence, and a well-earned reputation as a physician and a gentleman.

A. P. E.

Blue Hill, June 26, 1848.

Ledoyen's Disinfecting Fluid. TO THE EDITOR, &c. Sir,—I saw in your last Journal the advertisement of Mons. Jean Ledoyen's disinfecting fluid, which may be a desideratum for most of the purposes stated, but as to its practicability in the sick chamber for the destruction of the putrescent effluvia arising from the excretions of the bowels, I have my doubts. If the excretions undergo an immediate decomposition by coming in contact with the fluid, and so prevent the offensive effluvia, will not this deprive us of the best means of ascertaining the true specific character, increase or decrease, of the disease, and rob us of the principal foothold, the main symptom for a correct diagnosis, in all those diseases where the examination of the excretions of the bowels is necessary for such a diagnosis? Supposing this fluid is in reality what it pretends to be, it would certainly remove a great nasal inconvenience, but would not benefit us physicians, and least of all the patient; wherefore I believe this matter worthy of investigation before the profession *can* recommend the fluid for the purpose above stated, and I should be very happy to hear the views of our *old ones* about it.

Yours, J. BIRNSTILL.

TO CORRESPONDENTS.—Communications have been received from Dr. D. Mowe, Dr. G. L. Collins, and Dr. A. B. Shipman. Other papers, previously received, are on file for publication.

ERRATUM.—In last week's Journal, p. 443, line 2 from top, for "*September*" read *December*.

MARRIED.—In Boston, Dr. Samuel Trull to Miss D. G. Tarbell.—In Peacham, Vt., Dr. Asabel Farr to Miss M. J. Wheeler.—Noah S. Bartlett, M.D., of Southampton, Mass., to Miss M. S. Winchell.—L. W. Flagg, M.D., of Yonkers, N. Y., to Miss C. Whitmann.

At Plymouth, Mass., Nathan Hayward, M.D., 84.—At Newtown, Conn., Dr. Kellogg Berry, 85.

Report of Deaths in Boston—for the week ending July 1st, 62.—Males, 35—females, 27—Stillborn, 4. Of consumption, 6—typhus fever, 8—scarlet fever, 3—brain fever, 1—dropsy, 3—disease of the bowels, 4—infantile, 7—teething, 3—child-bed, 2—convulsions, 1—cholera infantum, 2—measles, 2—erysipelas, 2—apoplexy, 2—cancer, 1—inflammation of the lungs, 2—drowned, 3—gravel, 1—intemperance, 1—murdered, 1—worms, 1—marasmus, 2—mortification, 1—accidental, 1—disease of the spine, 1—dropsy of the brain, 1.

Under 5 years 24—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 10—over 60 years, 2.

Medical Miscellany.—An operation was lately performed by Dr. Trowbridge, of Wattertown, N. Y., on a lady, for the removal of a polypus from the nose and cavities of the face. She was put under the influence of chloroform, and was insensible to the painful part of the operation. A large polypus was extracted from the posterior nostril, then the cheek bone opened and a large one removed from its cavity or the antrum. She is doing well.—The clerk of an apothecary's store in New York, has been found guilty of manslaughter in the fourth degree, in causing the death of an old lady named Ann Hart, by putting up for her use laudanum instead of tincture of rhubarb, of which she partook in sufficient quantity to cause her death.—Copies of Dr. Fleming's lecture on the philosophy of homœopathy, and the Posthumous Philosophical Tracts of the great Swedenborg, have been received from the publisher, Mr. O. Clapp, of Boston.—Dr. Smilie's discourse at the Castleton Medical College, May 17th, on the History of the Original Application of Anæsthetic agents, has been published in a handsome pamphlet.

NEW HAMPSHIRE MEDICAL INSTITUTION—DARTMOUTH COLLEGE.

THE fifty-second Annual Course of Lectures will commence on Thursday, the 3d of August, 1848, and continue fourteen weeks.

HON. JOEL PARKER, LL.D., Prof. of Medical Jurisprudence.

DIXI CROSBY, M.D., Prof. of Surgery and Obstetrics, and Diseases of Women and Children.

E. E. PHELPS, M.D., Prof. of Materia Medica and Therapeutics.

O. P. HUBBARD, M.D., Prof. of Chemistry and Pharmacy.

J. ROBY, M.D., Prof. of Theory and Practice of Medicine and Pathological Anatomy.

E. R. PEASLEE, M.D., Prof. of Anatomy and Physiology.

GEORGE B. UPHAM, A.B., Demonstrator of Anatomy.

Fees for the Course—payable in advance, \$50. Matriculation, \$5. Graduating expenses, \$18.
Hanover, N. H., May, 1848. (My 24—ept L) E. R. PEASLEE, Sec'y.

CONCENTRATED CHLORIC ETHER.

WM. B. LITTLE & Co., Chemists, 104 Hanover St., have for sale Concentrated Chloric Ether, of the same strength and quality as that distilled by them for the Massachusetts General Hospital, and which is recommended by Dr. John C. Warren, and other eminent surgeons, as being preferable to chloroform for anæsthetic purposes. Also, as above,

PURE CHLOROFORM,

in any quantity, at wholesale and retail, at the lowest market prices.

June 7—tf

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WM. B. LITTLE & Co. are agents for the sale of Messrs. Haskell & Merrick's "Select Powders," which may be *relied upon* as being *strictly pure* and of the *best quality*. "It is well known that many of the best drugs, both foreign and indigenous, are more or less mixed with extraneous substances, and inferior qualities, which, if not removed, must of course injure the article when powdered. To obviate this, we subject every drug to the most rigid scrutiny; rejecting all that does not accord with the Official Standard. They are then reduced to the utmost degree of fineness, compatible with their physical properties. Great care is also observed in the process of preparing them for powdering, for the purpose of guarding against any injury which might result (which is often the case) to the chemical constituents and medicinal properties of the drugs, by incautious drying, &c. This important department is under the charge of a person of great experience, who has devoted many years to this branch of business, so that the Powders coming from his hands are not only beautiful in appearance, but may be relied upon as not having received injury in the process of powdering.

"In addition to the quality and fineness of our Powders, we would call attention to the style in which they are put up; the convenient form of 1 lb. flint-glass bottles, which secures them from the action of the atmosphere and moisture—a prolific cause of the deterioration of powdered drugs. Each bottle is stamped with the seal of the firm, and labelled in accordance with the U. S. Pharmacopœia. As there are certain rays of light which have the effect of gradually decomposing the substances which come under their influence, it is necessary, therefore, that the Powders should be kept in the box in which each bottle will be found enclosed."

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Apr. 12—eplpy

BOSTON.

DR. LEWIS will attend to Diseases of the Eye, from 9 to 10 o'clock A. M., every Tuesday, Thursday and Saturday.
Nov 17—tf

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June 14—eoply

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, JULY 12, 1848.

No. 24.

CASE OF DISLOCATION OF THE CERVICAL VERTEBRÆ.

To the Editor of the Boston Medical and Surgical Journal.

DEAR DOCTOR,—The following interesting case occurred in the practice of Dr. Rivers, of this city. I assisted him at the autopsy, and, at his request, drew up, at the time, the following history of the case, which, with his permission, I transmit for publication, if thou should deem it worthy. Thy friend, G. L. COLLINS.

Providence, 6 mo. 29th, 1848.

William Von Barnefelt, a native of Holland, æt. 35 years, seaman on board the brig Cordora, bound from Savannah to this port, was injured in a scuffle with one of the hands August 30th, 1846, about 2 o'clock, A. M., which injury resulted in his death September 1st, at 6 o'clock, A. M., having survived it forty hours. The following is the history of the case, as gathered from the examination of the crew at the coroner's inquest.

On the afternoon above mentioned, when the brig was off Montauk Light, the deceased and Alexander Borge were directed to hoist the "gaft top-sail," which they proceeded to do; but some dispute arising between them, Borge inflicted a blow upon Barnefelt, after which blows were given by each. Barnefelt was then seen in a stooping posture, with the head against the lower part of the abdomen of Borge, and the nates resting against the "main rigging," which prevented his retreat backwards. Borge, standing nearly erect, had seized with both his hands some portion of the rigging, and appeared to be using force against the head of his antagonist. Barnefelt was seen at that moment to fall upon the deck, and immediately cried out, "Oh! my neck." The mate, who reached him first after the injury, states that he saw two bunches upon the back part of the neck, which he describes as resembling a kink in a fish-line, but which disappeared after rubbing the part. On attempting to raise him, both his superior and inferior extremities were found completely paralyzed, both as regards sensation and motion. His power of speech appeared to remain nearly perfect, but, owing to his inability to speak English well, but little that he said was understood. The brig arrived here the following evening, when he was carried immediately to the Hospital, where he died the next morning. He remained in the same

state as above described until his death. Complained of but little pain, except when the head was moved. On examining the part, no bony derangement could be discovered. There was a slight swelling upon the right side of the neck. His breathing was rather laborious, and he was frequently heard to sigh.

The only treatment attempted, was to empty the bladder by means of the catheter, and to use measures to evacuate the bowels, both of these excretions having been arrested. He took no food after the injury, and but little drink, though his deglutition was unimpaired.

Autopsy—Eleven hours after death. Thermometer 80°. Body large and muscular, and very rigid. Adipose tissue pretty abundant. No external mark of injury, except a slight bruise on the left side of the nose, where the epidermis was removed. On cutting the scalp, preparatory to removing the calvaria, about two ounces of blood escaped. There was slight effusion of blood beneath the skin, over the temporal muscles of each side. On removing the calvaria and cutting into the longitudinal sinus, considerable fluid blood issued, perhaps six ounces. The brain and meninges were found healthy. The muscles were now dissected from the cervical vertebrae posteriorly. On doing this, some of the fibres opposite the fourth and fifth spinous processes were found torn, and a small quantity of blood extravasated into the muscular structure. The ligamentum nuchæ, and the ligamentum subflavum, between the fourth and fifth vertebrae, were found ruptured, and also the capsular ligaments of the oblique processes, except about one fourth of their extent anteriorly, so that when the body lay upon the face, the end of the index finger could be laid between the arches of the vertebrae, the separation exposing to view the articulating surfaces of the oblique processes and the spinal marrow. The atlas was now disarticulated from the skull, and the spine sawn across below the seventh vertebra, and the cervical portion removed for further examination. On raising the arches of the vertebrae, a small quantity of blood was found effused, opposite the second vertebra, into the loose cellular tissue intervening between the dura mater and the bone—there was also a more extensive effusion opposite the fifth and extending down to the seventh. On removing the spinal marrow and slitting up the dura mater, the arachnoid was reddened as if stained with blood, opposite the seat of the injury. The vessels of the pia mater were much injected. The spinal marrow was softened to the extent of near three fourths of an inch, appearing as if it had been subjected to considerable pressure; blood was ecchymosed throughout its structure, giving it a uniform red appearance, which extended upwards about an inch and a half. The fifth pair of nerves were much contused, especially the one upon the left side, the ganglion on the posterior branch of which was crushed. The vertebral arteries were also much contracted, and their internal coats ruptured—the injury here was greatest upon the left side. The posterior common vertebral ligament was ruptured, and a *separation* had taken place *between* the bodies of the fourth and fifth vertebrae, the fourth being displaced forwards. The anterior common ligament was perfect, with the exception of being partially detached from the anterior

surface of the body of the 5th vertebra. The left transverse process of the fifth vertebra was broken off. The posterior inferior angles of the oblique processes of the fourth, and the anterior superior angles of those of the fifth, were scaled off, as if by being forcibly pressed by each other. The ligamentum subflavum, between the arches of the sixth and seventh vertebræ, was partially lacerated, and there was a trifling extravasation of blood posterior to it.

The viscera of the thorax and abdomen were healthy, with the exception of some pretty extensive old pleuritic adhesions.

Remarks.—Alexander Borge, the perpetrator of the injury, was arraigned before the U. S. Circuit Court, for the Rhode Island District, Justice Woodbury presiding, on the charge of murder. He, by the advice of counsel, pleaded guilty of the crime of manslaughter, which plea being accepted by the Court, Dr. Rivers's testimony was introduced in mitigation of sentence; which evidence went to prove that the injury, from its nature, was unquestionably an accidental result, attendant on the forcible flexion of the head of Barnefelt, while he was making strong efforts to liberate himself from the position in which he was held by his antagonist. He was accordingly sentenced to six months imprisonment, and to pay a fine of fifty dollars.

This case is also interesting as being one of *dislocation* of the spine, which Sir Astley Cooper says "is extremely rare, if it ever does happen." He does not speak of this accident in his work on "Dislocations and Fractures," he "having never witnessed a separation of one vertebra from another through the intervertebral substance, without fracture of the articular processes." Bransby Cooper mentions two cases of dislocation of the cervical vertebræ. One was admitted into Guy's Hospital, in which there was "a complete laceration of the intervertebral substance, between the fifth and sixth vertebræ, without any fracture." The other was admitted into the London Hospital—"the fifth and sixth cervical vertebræ were widely separated from each other, and without any fracture." Other cases are reported by S. Cooper, and by Dr. Schuk, of Vienna.

ON EPIDEMIC INFLUENCE.

[Concluded from page 464.]

II.—OUR second proposition is, that there is a concurrence and combination of causes which give type and character to epidemic disorders.

It is an interesting fact, that the epidemic influence frequently spreads itself, as I have just observed, upon one class of citizens. It is not less remarkable and interesting, that the same kind of influence operates exclusively upon the animal creation; generally, however, upon the same species. Epidemics among cattle have always prevailed, like those among mankind. Dionysius, Orosius and Livy, are quoted by Dr. Hosack as describing epidemics among horses, oxen, sheep, &c. An anonymous writer (vid. Boston Medical and Surgical Journal, Vol.

XXXVII., No. 3, page 56) has given the history of an epidemic as it prevailed among horses in Ontario and Livingston Counties, N. Y. The disease was a singular one, and the paper is worthy the perusal of all who are curious on the subject of epidemics. I refer to it here, while speaking of similar facts, and because, also, its occurrence goes to prove that the epidemic influence operates sometimes upon one class of animals, and sometimes upon others. Hence, it will be readily seen that a union of causes, combined with the leading one, will produce effects varying with the kind of animals exposed to their influence, and the kind of causes so combined; and hence the development of various types of the same disorders, the consequence of such co-operation of the predisposing causes.

Location, then, if the above views are correct, must have an influence in modifying the type of disease. Every part of the globe has its own peculiar kind of climate, which is favorable to certain forms of disease. Northern climates are favorable to a high grade of inflammation, and to pulmonary disorders; the yellow fever and tetanus are peculiar to the South; intermittents, remittents, and bilious affections, occur in the western portion of our country; the plague in the eastern world, &c. Persons who live in the country are disposed to one form of disease, those in the city to another; necrosis is peculiar to the former, and caries of the bones to the latter location. Variations in atmospheric pressure are also said to be causes of disease. Increase and diminution of weight are considered "equally powerful causes of cerebral congestion and apoplexy." So a person, changing his place of residence, will be disposed to the diseases of his new location. How far these things are capable of modifying epidemic diseases, it would be difficult to point out; but the fact that they do possess some influence, cannot be doubted.

Season has also something to do with giving form to disease. Thus in our climate, in the winter and spring, we have pulmonic, rheumatic and inflammatory affections; during the summer and autumn, gastric and typhoid disorders, as dysentery, fevers, &c.

The water of a country or locality will influence the character of the complaints incident to such place. If the water be pure, the influence will be favorable; if it be impure, its effects will be otherwise; but to what extent, it would in any given case be impossible to precisely show. During a freshet, when the streams and springs are high, their influence would be different from what it would be in a very dry time.

Upon the same principle food will have its effect in determining the shape of diseases. In particular localities, the people resemble each other in constitution, and their mode of living is similar. When an epidemic is among them, these things operate upon the class of inhabitants who are its favorite victims. This is true, too, of habit. The people of a place have like habits, not only in respect to eating and drinking, but in most other particulars. The rich have their habits, manners, customs, &c.; the middling classes, theirs; the poor and lower orders, theirs. All these things, and many others, operate favorably or unfavorably during

the prevalence of any disease, whether that disease is contagious, infectious, endemic, epidemic, or of a mixed character.

Again, the topography of a place, the general structure of the country, city, or location, will always be taken into consideration when we are summing up the things which modify and give type to disease. The deserts of Arabia, the plains of Africa, and the savannas of America, *all* have their influence in shaping the form of diseases which are the legitimate offspring of each peculiar climate. Even the same state or territory will exhibit various types of the same fundamental disease, which is owing chiefly, perhaps, to the condition of its cities, villages, mountains, hills, valleys, prairies, rivers, lakes, ponds, marshes, &c. We have already seen that this topographical influence is considerable within a short space. A fever may be of a decidedly malignant character at a given point, while at a short distance from that place the disease prevails in a very mild form.

Of the general determining causes, I might mention others, such as electricity, planetary influences, political institutions, &c. ; but their modifying power is more easily acknowledged than explained, and I have not space for the discussion of these subjects at present.

III.—What is the mode in which some of these atmospheric poisons act upon the human body? It was first assumed that gases and other virus mixed with atmospheric air was the chief cause of epidemic disorders ; it was then proved that they did actually at times exist in the atmosphere ; now we propose to give a brief but definite account of their *modus operandi* upon the human body.

Suppose that the atmosphere contains a large quantity of carbonic acid gas, not sufficient to produce immediate death, but to deteriorate the blood, and deprave the natural secretions of the body ; or suppose carburetted hydrogen or sulphuretted hydrogen be mixed with the air that we breathe. The heart's action becomes oppressed and enfeebled, the functions of the lungs are impaired, the blood does not undergo proper decarbonization, and the consequence of such a condition of the vital fluid is disease of some form or other—the particular type of which depends upon the “season of the year ; peculiar states of the atmosphere, as to heat, moisture, weight, or electricity ; circumstances of locality ; the age of individuals exposed ; their different temperaments ; the influence of foregoing disease ; the incidental direction of the morbid cause to some particular organ or texture of the body ; *and, still more, the quantity or intensity of the matter itself.* All these and other circumstances may be conceived as producing such modifications, and thereby concealing the common origin of many disorders. From this complication of conditions, the difficulties of inquiry are considerable ; but still of a nature to be overcome by future observation.” Upon this principle, a poison in the atmosphere may be capable of producing an epidemic disease over a region of ten square miles ; but owing to the above modifying circumstances, the disease would assume different shapes at different points. In one district we have measles, in another scarlet fever, in another hooping cough, in another typhus fever, and so on. Such examples are common

in the history of disease ; therefore I need not attempt any argument in proof of the statement.

Knowing the physiological and the toxicological action of these agents, we believe that these "and other deleterious gases may be absorbed into the blood." The blood being poisoned, the influence is next felt upon the brain and nervous system—a train of symptoms follow, depending somewhat upon the kind of virus, and somewhat upon surrounding causes. The narcotic properties of these gases will of course act upon the system as soon as they are inhaled. It is thought by some that the skin and bronchial membrane are the points of ingress for putrid and other poisons. However this may be, it is pretty certain, that marsh miasm, human effluvia, atmospheric or compound poisons, act primarily upon the blood, and that fevers and other diseases are the consequences of such action upon the body.

The truth of the existence of these gases being ascertained, together with a knowledge of their nature, it would be far less difficult to comprehend the manner in which they produce the phenomena we attribute to them, than to obtain just and adequate ideas of their origin and termination. We believe the period is not far distant when a full and satisfactory exposition and interpretation will be found for all that relates to this interesting subject, which will clear the obscurities which at present hang over it, and explain everything which may now appear doubtful and mysterious.

If we have not failed in maintaining the foregoing propositions, we have been successful in establishing the following PRINCIPLES, viz. :

First, that all contagious, infectious, endemic, epidemic, and compound diseases, have their origin from *one or more* causes, which, when brought to bear upon the human body, produce the phenomena consequent upon such cause—the *symptoms* and *type* of which depend upon a combination of circumstances, such as whether the complaint is contagious, infectious, endemic, epidemic, or of a mixed character.

Secondly, that contagious disorders are of a kind *sui generis*, and can only be communicated by contact or touch, as smallpox, syphilis, &c.

Thirdly, that infectious complaints are only transmissible under peculiar circumstances, as may be the case in ill-ventilated apartments, &c., and that such diseases may become epidemic.

Fourthly, epidemic diseases have their origin in some noxious principle contained in the atmosphere—this principle being capable, in some degree at least, of giving type to all other disorders. That epidemics depend very much for their character upon a variety of causes—such as climate, location, season, and the habits and manner of living of the people who are acted upon by this agent.

J. P. LEONARD.

Lime Rock, R. I., June, 1848.

CASE OF DISEASED KIDNEY AND RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 20th, 1848, a female nursing child, æt. about 15 months, was attacked very suddenly with the usual symptoms of cholera infantum.

The constitutional disturbance, however, did not seem proportionate to the severity of the emesis and diarrhœa. The pulse was but slightly disturbed, appetite good for some days, and little or no apparent suffering. No satisfactory exciting or predisposing cause could be assigned to account for this attack. The disease proved rather obstinate, but after a duration of about ten days it was arrested, and for a week the patient seemed slowly convalescing. All medicine was laid aside, except very small doses of port wine. A careful attention to the diet, the daily use of the warm bath, and a short ride in the open air every pleasant day, were the principal means relied upon for complete restoration.

April 5th.—An alarming change in the symptoms occurred. A severe chill was immediately succeeded by a violent fever. The intestinal discharges were not much altered in character or frequency. There was nothing about them at this time calculated to attract notice. The child was treated with the warm bath, small doses of ipecac. and chalk, and Dover's powders. Next day there was a very slight improvement. From the period of the relapse, during the remainder of the disease, there was very scanty urine. Sometimes there was total suppression for thirty-six hours, and frequently for twenty-four hours. For this difficulty she was treated with nitric ether, and, externally upon the hypogastrium, rubefacient and emollient cataplasms. The bladder, however, seldom appeared full, and never tender on pressure. The difficulty seemed to originate in the kidneys, rather than in the bladder; but nothing certain could be determined.

7th.—Met Dr. Leonard, Jr., of this town, in consultation. He considered the case to be irritation or inflammation of the alimentary canal. The intestinal excretions at this time were not frequent, but rather dark and greenish, and appeared to consist chiefly of mucus intermingled with specks of blood. The abdomen at no time was distinctly tympanitic, or tender upon pressure. At this early period of the relapse, the suppression of urine had not attracted special notice, and I do not remember whether this circumstance was mentioned to Dr. L. He certainly did not prescribe anything particularly for that, nor had the child at this time taken anything expressly for it. He advised the hydr. c. cret. and Dover's powder, chalk mixture, and, as a dietary, exclusively, mucilage of gum Arabic. He also freely scarified the gums, although the marks of irritation there were not very decided. This treatment was unremittingly followed for a week—the scarification was repeated once. At first, it seemed to be attended with partial success. But the excretions never assumed a healthy aspect.

Two or three days after the above-mentioned interview with Dr. L., there appeared a small tumor in the situation of the right parotid gland. After an interval of a few hours, a similar swelling appeared in the left gland. Not long afterwards there was a general tumefaction of the cellular substance surrounding each gland, and extending from one to the other. This was kept constantly wet with a solution of acetate of lead, and within a little more than 24 hours, it entirely disappeared. There had been considerable œdema of the face and neck during the greater

part of the patient's illness, but this disappeared simultaneously with the swelling of the glands and throat. This event was quickly followed by vomiting of a substance resembling fluid ink, intermingled with grains like coffee-grounds. The intestinal excretions soon assumed the same appearance. About this time, the oil of turpentine was commenced, in doses of two drops every fourth hour. This was discontinued with the third or fourth dose, in consequence of the occurrence of strangury and tenesmus, with bloody and mucous discharges from the bladder and rectum, very frequent and generally simultaneous. These symptoms continued during the remainder of the patient's existence. These intestinal and vesical excretions were identical in appearance, and emitted an exceedingly offensive odor. For several hours it was a disputed point, whether they were from the rectum or bladder, nobody conjecturing that they came from both of these sources, being generally simultaneous; but the frequency of them enabled us, by actual observation, to satisfy ourselves beyond a doubt of their two-fold origin. But at intervals of some hours, discharges from the bowels occurred of a very different aspect—nearly as black as ink, and containing grains resembling coffee-grounds. The latter were not attended with tenesmus like the former. These symptoms continued unmitigated about two days, terminating only with the patient's life. This event took place on the morning of the 17th of April.

Autopsy, twenty-four hours after death. The cerebral and thoracic viscera were not examined, for want of time, and because no symptoms of disease of those parts were apparent or suspected during life. The abdominal organs were examined, in presence of Dr. Leonard. The stomach contained a small quantity of the inky matter like that which was vomited just before death. It was, however, somewhat paler. There was also, as usual, considerable viscid mucus in the stomach, as well as throughout the whole alimentary tract, growing darker the farther we descended. This substance did not seem to mingle with the dark fluid wherever they were found in contact, some of the latter being found in almost every part of the intestines. Near the pyloric orifice of the stomach, there was considerable vascularity of the mucous surface, of a pinkish hue, but without softening or ulceration. Several similar patches, and circumscribed points resembling minute specks of extravasation, appeared in different portions of the small intestines. About the middle of the ileum, the color of the mucous tissue approached that of red slate; and the substance was in a disorganizing process. All the coats of this part of the intestine separated while resting on the blade of the scissors. It was not possible to detect any signs of inflammation in the peritoneal coat, as it was highly colored by lying in contact with the liver and gall-bladder. There were a few small spots of discoloration in other parts of the peritoneum. This cavity also contained two or three ounces of a brownish fluid, not, however, resembling any that was found in the intestines. Respecting the colored portion of the intestine, it should be observed that it was very thin and translucent. Whether the contact of the gall-bladder or liver had anything to do after death with the

changes met with here, I am unable to decide. There was nothing further remarkable until the rectum was reached. No distinct spots of ulceration were found above this part. Peyer's glands were uncommonly distinct and prominent, but otherwise unchanged. The intestine throughout, as well as the mesentery, and nearly all the tissues of the body, were extremely attenuated.

The disease in the rectum was distinctly limited about five inches above the sphincter. All below was extensively diseased. There was scarcely a trace of mucous or cellular sub-mucous tissue to be found. The muscular coat presented a very uneven and jagged surface, as though it had been ground. Some of the depressions were very deep. This tissue was generally very much thickened, being in some places nearly two lines in depth; and in this respect contrasting strongly with the attenuated condition of the same tissue in the vicinal parts of the intestine. It had a dark and motley complexion, and in spots considerably softened. The sub-peritoneal cellular tissue was infiltrated with a considerable quantity of yellowish transparent serum. The peritoneum covering this part was remarkably thickened. In depth, color, and elasticity, it resembled tendon. There was no evidence of perforation, extravasation, or communication between this organ and the bladder. We were obliged to pass by this latter organ in our examination, in consequence of too limited time.

The liver was highly congested, but otherwise apparently unchanged. The gall-bladder was tensely filled with healthy-looking bile.

The pancreas was considerably enlarged. A portion of its head was firmly adherent to the stomach.

The tubular substance of the right kidney exhibited marks of incipient inflammation—some parts being of a more livid hue than others; while the whole was intensely congested, the capillaries appearing as if injected artificially for anatomical purposes. Softening had not commenced here. The left kidney was extensively disorganized. As soon as the capsule was opened, a large portion of its substance flowed out, being of a semi-fluid consistence. Full one half of the organ had degenerated into this homogeneous, semi-putrid substance. The remainder was rapidly approaching the same condition, having the appearance as if all vital connection with the contiguous parts had been cut off for several days. It was dark, nearly homogeneous in appearance, and exceedingly friable. The ureter of this kidney was filled with thick, bloody, semi-putrid matter, presenting the same characteristics as that which passed from the bladder during the last two days of life, excepting that the latter was somewhat diluted with mucus.

We discovered no other abnormal appearance. The body generally was much emaciated.

A few circumstances connected with the above case are deserving of attention, and some of rare occurrence as far as my knowledge of similar cases goes. I allude particularly to the (evidently) sympathetic affection of the alimentary canal in the first instance, the disease of the kidney being undoubtedly the primary and principal disease, though de-

ected at a late period of its progress; also the black vomit under similar circumstances—the simultaneous and identical characteristics of the rectal and vesical excretions—and the pathological conditions of the rectum and left kidney, particularly the latter. A physician in Maine, who has enjoyed an extensive practice for a great number of years, writes, in reference to the above case—“I think there cannot be a doubt but that the disease originated in the kidney, and the disturbance in the stomach and bowels, in the first place, was sympathetic. It is very probable that the kidney had been injured by some cause or other.” He then refers to a case which occurred in his own practice, and in its more obvious features strikingly resembling the one which I have detailed. An uncontrollable diarrhœa and suppression of urine were the two most prominent symptoms. He says—“I continued to treat the child for an irritation of the stomach and bowels, until it died.” In a *post-mortem* inspection, he did not find disease in the alimentary canal as he expected, “but,” he says, “I did find, to my astonishment, the right kidney very much enlarged and *full of matter*. I should think it would weigh four pounds. I then came to the conclusion that all the difficulty grew out of the diseased kidney. I have had two or three other cases, but they all proved fatal.”

JOHN BACHELDER.

Monument, Mass., June 20, 1848.

REDUCTION OF A DISLOCATION OF THE SHOULDER, TWENTY-TWO DAYS AFTER ITS OCCURRENCE, WITH THE USE OF ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

OLIVER WILLIAMS, æt. 45, of Niles, Cayuga Co., N. Y., dislocated his right shoulder some time in May last. Dr. Lewis was first called to see him, and made some attempts to reduce it. Dr. Wm. F. Cooper also saw him, and made the attempt; but as it hurt him, and from interference of patient's sister and his own wishes, Dr. C. desisted. Twenty-two days from the date of accident, patient visited me, in company with Dr. Cooper, for the purpose of having it reduced, if possible. Jarvis's surgical adjuster was first applied, and the inhalation of ether commenced. In five minutes he was unconscious, and force was applied, and continued for some time. The effects of the ether went off in about six minutes, when it was again administered, and the inhalation continued for fifteen or twenty minutes. Force, as great as the instrument would admit of, was applied, and was kept up as long as was thought best; but the dislocation remained unreduced. A strong towel was moistened and applied to the arm by a wet roller, so as to form a loop, and the twisted rope applied. The ether was again given him, and he became insensible. In a few minutes the dislocation was reduced, greatly to the satisfaction of the patient, who had suffered much from pressure of the head of the bone on the axillary nerves. He rode home, a distance of twenty-five miles, the same evening.

Without the use of the ether in this case, I am certain the bone would

never have been reduced. The timidity of the patient and his friends would have kept them from any further attempts at reduction. Complete relaxation was induced by the ether.

A. B. SHIPMAN.

Cortlandville, N. Y., June 23, 1848.

P. S.—One word with regard to etherization. A few days since, I exhibited the ether to a patient on whom I performed a surgical operation (castration). The ether was inhaled twenty minutes before insensibility was induced. Great excitement followed the operation; the patient laughed, shouted, and tried to get off the operating table, and it was with the greatest difficulty that he could be calmed, while applying the dressings. All went on well until the third day, when he was seized with a rigor, and fever soon followed; severe pain in chest; bloody sputa and difficult respiration, and a thin bloody sanies from the wound. I bled him, and the blood did not coagulate, but a strong buffy coat formed on the surface, while all beneath was dark, loose fluid. I confess I felt greatly concerned as to the result. The face was livid, pulse rapid, irregular, and he was exceedingly faint and weak. I gave him calomel, morphine and ipecac.; and the third day from the attack, I again bled him. The blood had now changed its qualities very sensibly; it was now florid, coagula firm and of a bright vermilion color, and destitute of the buffy coat. By an alterative and antiphlogistic course, he began to improve; the wound began to discharge healthy pus, and he recovered. Now it is possible that this would have been the case if no ether had been given; but he was not predisposed to pneumonia, nor did he take cold, that I am aware of. It is not strange that the vapor of ether applied to the delicate structure of the lungs should cause an inflammation; but I do not remember of a case being reported where such a result was observed.

A. B. S.

SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE SOLUTION.

[Concluded from page 427.]

IN the following instance the utility of this new dressing is shown by the fact of its being unaffected by cold-water applications, and not loosened by suppurative discharges.

CASE VII.—Last September a young man had his hand caught by a circular saw, and dreadfully lacerated. The index finger was entirely separated near the middle of the third phalanx. The third phalanx of the second finger had received a lacerated wound, extending to the bone. The third finger was also removed at the joint of the second with the third phalanx. There was, besides, a lacerated wound on the palmar surface of the fourth finger. The bone of the third finger protruding nearly an inch beyond the integuments, it was necessary to amputate it through the middle of the first phalanx. The index finger being greatly mutilated, a new flap was required to form a proper stump. This being done, the flaps of the amputated extremities were brought into their pro-

per position, and there retained by narrow straps of cotton cloth made adherent with the adhesive solution. The severity and nature of the accident causing great pain, sedative lotions and cold irrigations were repeatedly applied. The constant moisture from these sources had no effect in loosening the attachment of the straps. The exfoliation of a portion of the bone of one finger occasioned for some days a considerable discharge of pus, which did not, however, lessen the adherence of the solution.

This case certainly efficiently tested these invaluable qualities of the adhesive solution, showing its superiority over all other species of plasters.

Another advantage to be derived from this new method of dressing, and of which I have frequently availed myself, is in its peculiar adaptation to those cases, where, though the process of cicatrization is completed, yet the newly-united flaps are painfully tender to external impressions. In such cases I have pursued the following method. Having prepared several very thin layers of raw cotton, the surface of the recently-healed stump should be freely moistened with the adhesive solution, and a layer of the cotton instantly applied and made smoothly adherent. Proceed in this manner until the whole surface is thinly covered. When this first layer is perfectly dry, apply the solution over it immediately, adding a second thin layer. Repeat this process two or three times, and a solid encasement will be obtained, of such firmness as to effectually shield the delicate cuticle from any ordinary violence. In the case alluded to, this method was adopted after the stumps had become cicatrized, as the sensitiveness of their extremities precluded the patient from performing any manual labor. Perfect protection being afforded by the above dressing, he was at once enabled to resume his work.

Besides the advantages proffered by this new "adhesive solution," as shown in the cases already adduced, I have found its utility could be judiciously extended to various others within the domain of surgery.

Among these may be instanced indolent ulcers, in the treatment of which it has proved a valuable auxiliary. The principle of its agency is the same as in "Baynton's method," of which, in its application, it is only a slight modification. The advantages, however, which I conceive this new method to possess over that of "Baynton's," are these, viz.—First—The irritation of the healthy integuments from the resinous composition of the common plasters, is entirely obviated. Second—The tenacity of adhesion is such as rarely to require renewal of the dressing in consequence of displacement. Third—Being insoluble in water, the frequent ablution of the limb will not detach the dressing.

CASE VIII.—Mr. I., æt. 56, had been troubled, between six and seven years, with several indolent ulcers on the left leg. The largest of these was situated on the anterior and external surface of the tibia, at the junction of the middle with the lower third. It measured three and three quarter inches in its long diameter, by two and a half inches in its transverse one. The excavation from loss of substance was near a third of an inch in depth. The cachectic condition of the patient re-

quiring a tonic treatment, the ferruginous preparations were administered, and stimulant applications to the pale, flabby granulations.

Under this treatment, of some months continuance, his health was greatly improved. The surface of the largest ulcer had diminished about an inch. The size of the smaller ones was proportionally decreased. They then seemed to remain stationary, possibly because, the patient residing at a distance and constant supervision being, therefore, impossible, he was deprived in a measure of the beneficial effects of compression from "Baynton's method." The common adhesive straps being constantly displaced, and the irritation arising from their resinous nature producing a painful erythema of the skin, the adhesive solution was substituted in place of the usual dressings, in the following manner. Straps of cotton cloth, about an inch in width, were prepared, and attached, by means of the solution, at a point two inches from the circumference of the ulcer, commencing at the lower border. Drawing the opposite margins of the ulcer in closer proximity, the free extremity of the strap was then attached as before. Proceeding thus, the surface of the ulcer with the surrounding tissues was equably compressed and firmly supported. The smaller ulcers were likewise similarly treated.

The patient intending to be absent for a month, he was directed to shower the limb daily with cold water, and to puncture the dressing with a penknife over the lower border of the ulcer, whenever an accumulation of fluid occurred, requiring egress.

At the expiration of the month, he again presented himself. The superiority of this species of dressing was now plainly obvious. Even after this lapse of time, in spite of the prolonged friction and frequent ablutions to which the strips had been subjected, they were still perfectly adherent. Upon their removal, the smaller ulcers were found entirely covered with a firm healthy cicatrix. The large ulcer had decreased from its former size to less than an inch in diameter. The granulations were nearly even with the adjoining skin, and were of a healthy appearance. The patient expressed great satisfaction at the relief and comfort afforded by this new dressing.

There is yet another purpose to which I have found the adhesive solution applicable, which its peculiar qualities suggested to me, viz., as an artificial skin in the treatment of some cases of burns and scalds. Judging from the instances in which it has been thus used, it would seem to merit more extensive trial. Aware how difficult it is to fix a proper estimate upon the value of any remedial agent, I am unable to state to what extent this mode may be preferable to existing ones. This point could only be satisfactorily decided in case of two distinct burns, of equal extent and severity, occurring to the same individual, the one being dressed exclusively with the solution, and the other being subjected to former modes of treatment. In such a case, the result would determine its actual value. As no opportunity has as yet presented the requisite conditions for such a test, I will only premise, that in the few cases in which it has thus far been relied upon, it has apparently justified the favorable opinion in which theory is warranted in indulging. Its nature

is such that it forms, immediately after application, a firm transparent coating, perfectly protecting the denuded surface from all contact with the air. The injured part, thus exempt from this source of irritation through the medium of an artificial skin, the most favorable condition is afforded nature to repair the lost tissues and effect rapid cicatrization. Should pus or serum collect beneath, a minute puncture allows it to exude, after which it should be re-sealed with a drop of the solution. I will only allude to two of the cases in which it has been thus employed.

CASE IX.—Mr. ———, about 25, an operative in a factory, was scalded by the bursting of a steam pipe while at work. The injury extended over the side of the right cheek, temple, a portion of the forehead, and across the nose. He was seen within half an hour after the accident. An immediate application of the adhesive solution was made to the scalded surface, it being gently painted over with a large camel's hair pencil. Waiting a few seconds for the first coating to become dry, a second and third were added. After the momentary smarting from the ether holding the gummy principle in solution, the previous intense pain was greatly relieved, and, shortly after, ceasing entirely, he returned to his work. The patient experienced no further trouble.

CASE X.—Is that of a man who received a burn from a camphine lamp which accidentally exploded. The burn was extremely painful, involving the face, hands, and parts of the body. The immediate application of the adhesive solution was resorted to. For an instant the pain was increased, but quickly subsided, leaving the patient much relieved from his previous suffering. Occasional re-applications were made, to ensure occlusion from the atmosphere. Rapid cicatrization took place, and after the dressing gradually wore off, the features were free from all scars.

The immediate application of the solution is preferable in burns of the first three degrees. In those of the fourth degree, it may be advantageous to extend wide straps of cotton cloth across the surface of the burn (where large sloughs are likely to occur), and attach them to the adjoining healthy skin. This would permit of their ready removal for the purpose of inspection of the parts beneath—the external surface of the cloth being saturated with the solution, thereby effectually excluding the air.

Before closing this abstract of cases, demonstrating the varied adaptation of this novel addition to surgery, I will add a case in illustration of a mode of dressing lacerated wounds of the scalp, which has been followed by beneficial results. By this simple plan, the erysipelatous inflammation so frequently supervening on the employment of sutures, is necessarily impossible, while the requisite juxtaposition of the injured scalp is permanently maintained.

It consists in attaching to the shaved scalp a strap of sheep skin or cotton cloth, of an inch or more in width, cutting one margin of the cloth to correspond in shape with the edge of the wounded scalp. A narrow line of the strap on the side nearest the wound should be left unmoistened with the solution, and consequently unattached to that point

of the scalp; the object of this free margin being to leave space for the ready passage of the needle. The other side of the wound having a strap attached in the same manner, nothing remains but to pass a needleful of strong thread through the corresponding free margins of the straps, and thus bring the separated scalp into proper position. The pressure is by this means equally diffused, all painful tension obviated, the aid of sutures rendered unnecessary, and the danger of erysipelas from their use consequently escaped.

CASE XI.—Was an instance in which I availed myself of this mode of dressing. An Irishman, a laborer on the rail road, was severely injured in a drunken affray, his body being bruised and his scalp torn, from blows inflicted with a rough stone. The most serious wound was a laceration of the scalp, about three inches in length, over the temporal ridge of the left parietal bone. As the sides of the wound were separated to some extent, my object was to ensure their coaptation, without resorting to the objectionable employment of sutures in the scalp. It was therefore dressed in the manner above described. The result was, ready union, without erysipelatous inflammation ensuing.

The introduction of this mode of dressing wounds of the scalp will undoubtedly prove serviceable to both surgeon and patient.

I now conclude this surgical report of cases in which I have used the "adhesive solution," they being a summary abstract from more than a hundred cases, but are sufficient to exemplify the singular qualities of the solution, as well as the varied capability of its application.

I cannot here refrain from expressing my thanks to Dr. Whitney for the ample opportunity he has afforded me, from among his surgical patients, for the thorough and extensive trial of the adhesive solution, by which I was enabled to demonstrate more fully and completely the success which had in a minor degree been obtained from my earlier experiments.

The "*experimentum crucis*" to which it has been subjected warrants my belief in the intrinsic merit of this new addition to surgery. Confident that the experience of the profession will corroborate my opinion of it, I take pleasure in submitting it to their consideration.

JNO. PARKER MAYNARD.

Since the first introduction of this adhesive solution in surgery, I have been repeatedly solicited to affix to this gummy principle (extracted by the action of sulphuric and nitric acids from vegetable fibre) some technical name by which it may be distinguished from the one extracted from the same source by the action of sulphuric acid alone, called dextrine, and the other by nitric acid alone, named by Mons. Braconnet, xyloidine. For this new principle I would therefore suggest, as a chemical cognomen, that of *Xyline*.

J. P. M.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 12, 1848.

Importation of Adulterated Drugs.—Dr. Edwards, of a select committee in Congress, to whom was referred the subject of imported drugs, has made an elaborate report, quite too voluminous to transfer to our pages. This document exposes a world of iniquity in the business, wholly beyond our suspicions, and we begin to wonder whether the unfortunate termination of cases in the hands of the ablest physicians, may not sometimes have been owing to the adulterated medicines which were given.

Dr. M. J. Bailly, examiner of drugs at the New York Custom House, testified thus before the Committee :

“Large quantities of an imperfectly manufactured *iodine* are imported in kegs, and put in the usual small bottles and parcels here. It is very impure, black, and damp, and totally unfit for medicinal purposes.

“The *blue pill mass*, a vastly important and useful pharmaceutical preparation, comes to us greatly and dangerously adulterated. This article, when pure, contains 33 1-3 per cent. of *mercury*, combined with conserve of roses, &c. The adulterated article, of which large quantities are imported and sold, is, according to the very correct analysis of Professor Reid, of the New York College of Pharmacy, as follows: *mercury*, 7.5; *earthy clay*, 27.0; *prussian blue*, used in coloring, 1.5; *sand*, in combination with clay, 2.0; *soluble saccharine matters*, 34.0; *insoluble organic matter*, 12.0; *water*, 16.0. Total, 100.0.

“*Sulphate of quinine* or the salts of the *Peruvian bark*, a medicine now considered indispensable, and of universal use, particularly where *intermittent fever* prevails, comes to us adulterated in various ways. The usual method is to combine it with *silicine* (the salts of the *willow bark*), *chalk*, *plaster of Paris*, &c. The *silicine* possesses similar medicinal qualities, and resembles quinine very much in appearance, but is afforded at less than one-fourth the price, and is very far inferior in strength. This spurious article is largely imported, neatly put up in *French Style*, with the label of the celebrated *Pelletier*, of Paris (the original, and always one of the most honorable foreign manufacturers,) on each article. This trash is made at an extensive establishment in Belgium, the whole business of which, your committee are informed, is to manufacture and dispose of base imitations of all the important foreign chemical and medicinal preparations. An agent of this establishment has been in this country for the last ten months. His business is to effect sales, and obtain orders.”

Here follows a statistical return of the generally considered essential articles of the *materia medica*, imported into the United States in a single year, which we have not room to copy.

The National Medical Association deserve the thanks of the country for their efforts to put down the death-destroying traffic in adulterated drugs, and there is hope of amelioration by a new law which we perceive has just been passed by Congress.

The Lungs, their Diseases, &c.—If a great book is a great evil, a small one, by the same rule, must be a blessing. Whether this idea had reference to the disadvantage of reading too long and too much on one subject, it is hardly worth while to inquire. It is generally conceded, however, that the real knowledge of an individual, like the wisdom of an age, may be written in a few pages. James Stewart, M.D., of New York, a familiar name in connection with a *Treatise on the Diseases of Children*, which was received with decided approbation by the profession some years ago, has added to his reputation by a little work on “*The Lungs, their Uses and the prevention of their Diseases*; with practical remarks on the use of remedies by inhalation.”

There are seven chapters or natural divisions, under which the author presents his views. First, there is a curious chain of anatomical descriptions of the respiratory apparatus of insects, reptiles, and air-breathing animals generally. II. Atmospheric air. In this, its component parts, weight, pressure, &c., are considered, including points of moment to invalids on the character of land and sea breezes. III. Uses of the Lungs. This is an admirable series of facts in comparative anatomy. IV. Causes of pulmonary consumption, in the origin of which physicians are generally agreed. In this Dr. Stewart has been more laborious than in the chapters preceding, but we do not, however, recognize so much that is like himself, as in other places to which the reader might be referred with profit. V. Characteristics of the diseases of the respiratory organs, under which catarrh, cough, expectoration, influenza, bronchitis, inflammation of the larynx, asthma, &c., are appropriately considered, without that tediousness which sometimes wholly destroys the practical value of a pretty sensible writer. Pulmonary consumption is brought within the embrace of this chapter, and will be studied, we believe, with peculiar profit even by experienced practitioners. VI. Prevention of the diseases of the respiratory organs. This is a plain matter, within the comprehension of a child. Yet notwithstanding the simple precautions on which health depends, in regard to the air we breathe, the abominably contracted and unventilated apartments in which persons of intelligence are accustomed to sleep, bring on a catalogue of ills. Schools, colleges, and families, where this immensely important subject is overlooked, through carelessness, should be frequently prompted. By a late act of the General Court of Massachusetts, the convicts in the State Prison are looked after, daily, in their sanitary relations, in respect to ablutions and ventilation, far better than are students of our seminaries of learning. VII. Treatment of pulmonary diseases by inhalation. This we leave open for the comments of others, since every one who has prescribed for diseased lungs, entertains certain views of his own, almost invariably at war with those of his neighbor.

For a long time we have not been better pleased with a medical book than we are with this. Without parade, or flourish of trumpets, the author entertains those whom he designed to address, in a rational, pertinent manner, and he has certainly accomplished a meritorious undertaking.

Newly-invented Instruments.—It is due to the enterprise of Mr. Phelps, whose beautifully fitted up sales-room, opposite the Tremont House, is an evidence of his good taste as well as enterprise, to state that he has received some very beautiful and ingeniously devised instruments from Europe,

which should be seen by operative surgeons. An artificial hand, having a natural movement of the fingers, enabling the wearer to use a knife and fork at table, fairly throws into the shade all previous conceptions of the advances made in the construction of artificial limbs.

Effect of the Spirit Rations in the British Navy.—It appears by recent intelligence from England, that the British government has issued orders to all its consuls in different parts of the world, to institute inquiries into the character and capabilities of British seamen as compared with those of other nations. The result thus far shows that the British seamen are below others in morals, and as seamen are much less efficient than our own. This has been attributed to the continuance of spirit rations in their navy.

Graduation at Castleton Medical College.—On Wednesday, the 14th of June, the degree of Doctor in Medicine was conferred upon thirty-one young gentlemen, members of the class, who have been in attendance during the spring course of lectures at this institution. The examinations of the candidates for graduation was, as usual, attended by the delegation from the Vermont State Medical Society—the present members of that commission being His Excellency Horace Eaton, M.D., and John Locke Chandler, M.D. A very interesting and able address was delivered to the class of graduates, by the latter gentleman, a copy of which was requested for publication.

Honorable Fees.—We were recently called into consultation with the Professor of Obstetrics, &c., in the Medical College of Georgia, to attend a lady in puerperal convulsions. When the case terminated, a bank check, signed by the husband, who is a member of our bar, with the amount left *blank*, was sent to each of us.

Another.—We learn that a surgeon in Savannah, having operated successfully on the son of a lady in that city, had, besides his usual fee, a splendid case of surgical instruments presented to him by the grateful mother. These are truly green spots in the arid professional path, and we have to regret they are so far apart.—*Southern Med. and Surg. Journal*.

A New Anæsthetic Agent.—According to the Morgenblad, there has been discovered a new mode of etherization which has been applied with great success. It perfectly replaces chloroform, and what is more important is, that the compound is of a very low price, and very easy to obtain. It is sulphate of carbon, which may be obtained in abundance from wood, charcoal and sulphur, by means of a very simple apparatus; It is used in the same manner as chloroform. It was discovered by M. Harald Thanlow, an apothecary in Christiana, in Norway.—*London Lancet*.

Correspondence.

Ledoyen's Disinfecting Fluid. TO THE EDITOR, &c. Sir,—I have seen, in late numbers of your Journal, advertisements for the sale of M. Ledoyen's disinfecting fluid; also, in your last, some doubts upon the effects of the same, signed J. Birnstill. In connection with the above, would it not be well to publish the following extract from

the London Medical Gazette for January. "The question of disinfecting the wards of fever hospitals, by different metallic compounds, which have, of late, been puffed into a most undeserved notoriety by parliamentary and other documents, has received a fearful solution, in the death from fever, of one of the most active experimentalists, Col. Calvert. This gentleman, who, unfortunately for himself, supposed that the poison of fever was as easily decomposed by a solution of the nitrate of lead, as sulphuretted hydrogen, and who had been officially sent to Canada, in company with M. Ledoyen, to test the efficiency of this liquid in destroying infection, *has fallen a victim to his excess of zeal*. M. Ledoyen has himself suffered from an attack of typhus, and is now, as we learn from the British American Journal, on his way home to England. No report of the results of this mission is required; the fact *that both of the commissioners were attacked with fever*, and that *one died from the effects of a febrile poison, which a rag dipped into a solution of nitrate of lead was utterly unable to destroy*, is a sufficient proof of the futility of all such schemes. We hope that the fate of Col. Calvert will serve as a warning to the patentees of other disinfecting fluids." Yours, &c.

July 8th, 1848.

Z. B. A.

Injuries of the Head. TO THE EDITOR, &c. Sir,—In looking at Case IV. of Injuries of the Head, on page 356 of the Journal (number for May 31), I discover what might well be questioned as an anomaly in practice, viz., a paralytic state of the side injured. By reference to my original notes of the case, I find it reads thus:—"The head was thoroughly searched, &c., but nothing could be discovered but a spot behind the left ear, which was swollen, &c. &c." Whether this was so in the manuscript sent for publication, or as it reads in the Journal, I know not; but it is probable that the mistake was mine, and I take pleasure in correcting it, and also thank Dr. Hill for reminding me of it.

A. B. SHIPMAN.

Cortlandville, N. Y., June 22, 1848.

Ayer's Cherry Pectoral. TO THE EDITOR, &c. Sir,—Through the medium of your Journal, the medical faculty have had brought to their notice, a certain compound familiarly known as James C. Ayer's Cherry Pectoral, containing, among other articles of medicine, an unknown quantity of prussic acid. It has been well reported of by individuals, and also by medical colleges in several States, and the sale of the article much increased by such approval from high authority. What gives this compound its superior virtues? Is it the morphine, emetine, sanguinarine and tart. ox. antimony finely combined with sugar, spirit and water, which constitute it a medicine of unequalled virtue? Or is it the prussic acid it contains that gives it a claim above all things else? When I think a solitary patient needs prussic acid, I prefer to direct the quantity myself about the time it is to be used, it being a most potent drug, and even a deadly weapon in the hand of an assassin, a few drops taking life in half a minute. Can you recommend families to buy up such a medicine for daily use, they being ignorant of the nature of this acid? I think it as improper for common use as arsenic or aconite, or any other thing of such fearful force.

I cannot imagine how any apothecary could introduce prussic acid into extensive and daily use, and not even be reprimanded by the guardians of public health.

Lowell, June 20, 1848.

DANIEL MOWE.

TO CORRESPONDENTS.—A paper by "M. M.," on Entering the Larynx, has been received.

MARRIED,—Dr. J. Atkinson, of Dorchester, to Miss O. C. Boney.—At Somerville, Chauncy Booth, Jr., M.D., to Miss H. Tufts.—William W. Sweat, M.D., of New Bedford, to Miss S. L. Meigs.—Dr. G. W. Huntington, of Reading, Mass., to Miss C. L. Childs.—At Accomac Co., Virg., Dr. A. Y. P. Garnet, U. S. Navy, to Miss M. E. Wise.

DIED,—At Mansfield, Conn., Dr. Jabez Adams, an aged physician.

Report of Deaths in Boston—for the week ending July 8th, 53.—Males, 29—females, 24.—Stillborn, 8. Of consumption, 7—accidental, 6—dropsy, 2—dropsy of the brain, 5—scarlet fever, 3—lung fever, 1—dysentery, 2—diarrhoea, 1—debility, 1—infantile, 5—teething, 3—convulsions, 1—measles, 1—smallpox, 1—apoplexy, 1—child-bed, 1—inflammation of the lungs, 2—ulcers, 1—disease of the brain, 1—disease of the knee, 1—mortification, 1—marasmus, 1—old age, 1—disease of the heart, 1—disease of the bowels, 2—suicide, 1.

Under 5 years 24—between 5 and 20 years, 1—between 20 and 40 years, 21—between 40 and 60 years, 1—over 60 years, 6.

Medical Miscellany.—Dr. Owen, of New Harmony, and Dr. Jackson, of Boston, are now pursuing the geological survey of the Upper Mississippi region, ordered by Government.—At the Buffalo Med. School, thirty-two gentlemen received the degree of M.D.—Smallpox has shown itself in aggravated forms at several places in New Hampshire.—It is thought that typhus fever is beginning to assume a severer type.—There are within the State of Massachusetts, 18,717 paupers!—8,703 made so by intemperance, and supported by an annual tax of \$347,411.—The report of the Leeds, Eng., Homœopathic Institution for the year ending November, 1847, shows its increasing popularity. The number of patients treated in 1845—6, was 444, while in 1846—7, there were 931 patients. The financial statement shows a balance of near £100 in the treasurer's hands. The physician is Dr. Irvine.—From the minute description of a case detailed in the New England Botanic Journal, there is reason to believe that a girl has been imposing upon her lobelia administrator, by pretending to have voided from her bladder fragments that very much resemble broken brick.—Dr. E. R. Smilie has been appointed to deliver a course of lectures, the coming term, at the Castleton Medical College.

CASTLETON (VT.) MEDICAL COLLEGE.

THERE will be annually two *full* courses of Lectures in Castleton Medical College, each course continuing four months; the *Spring Session* commencing on the *last Thursday* in February, the *Autumnal Session* on the *first Thursday* in August, under the following arrangements:—

JOSEPH PERKINS, M.D., Prof. of Materia Medica and Obstetrics.
 EZRA S. CARR, M.D., Prof. of Chemistry, Natural History and Physiology.
 WILLIAM SWEETSER, M.D., Prof. of Theory and Practice of Medicine.
 MIDDLETON GOLDSMITH, M.D., Prof. of Principles and Practice of Surgery.
 THOMAS M. MARKOE, M.D., Prof. of Descriptive and Pathological Anatomy.
 WILLIAM C. KITRIDGE, A.M., Prof. of Medical Jurisprudence.

ADRIAN T. WOODWARD, M.D., Demonstrator of Anatomy.

Fee for all the Lectures of each course, \$50. For those who have attended two courses, at other Medical Institutions, \$10. Matriculation, \$5. Graduation, \$16.

The regular Collegiate course of Medical Instruction, for permanent pupils, is so arranged, that each Professor conducts a course of examinations in his own proper branches, once in each year. The *Winter Term*, for study, commences on the 15th December; the *Summer Term*, on the 15th of July. Fees for each term, \$15. Board, including the expense of room, fuel and light, may be obtained, at from \$1.75 to \$2.00 per week.

Castleton, June 1848.

June 14—eptJy31

E. S. CARR, Registrar.

IMPROVED MAGNETIC MACHINES.

MOORHEAD'S GRADUATED MAGNETIC MACHINE.

THE attention of the Medical Profession is respectfully directed to this instrument, which is an important improvement over all other forms of manufacture. It is perfectly simple in construction, and therefore not liable to get out of order, as is the case with all other instruments of the kind. It admits of perfect control, and can be *Graduated* to any power; adapted for an infant, or sufficient for the strongest adult, at the pleasure of the operator. The magnetic force is imparted in a continuous manner, and with no unpleasant sensation to the most delicate patient. In a few words, it is believed to be the most beautiful and effective Magnetic Machine that has yet been offered, and no pains have been spared to make it worthy the countenance and use of the intelligent physicians of the United States.

There can be no question, that in many serious and prevalent complaints, Electro-Magnetism is of great value, and there is scarcely a medical journal either in this country or in Europe, that makes its appearance, without the statement of various cases, showing some new effect of this mysterious agent, or corroborating previous experience of its beneficial use. It is, therefore, not strange that the demand for these instruments has so rapidly increased, and it is to give the scientific practitioner an article on which he may depend, which is neat, portable and convenient, that the GRADUATED MAGNETIC MACHINE is thus offered. As an evidence of the superiority of these Machines, reference can be made to several of the most distinguished among the Profession, who have used them in a great variety of diseases, with the most surprising success.

Many of the cures performed by this instrument, are truly wonderful; some of them in diseases of the most serious character known to the medical profession. Among others, may be mentioned Scrofula, Dropsy, Erysipelas, Ascites, Deafness, Curvature of the Spine, Tic Douloureux, Acute and Chronic Rheumatism, Paralysis, Epileptic Fits, Headache, and particularly all diseases which may be referred to the nervous system.

Each machine is compactly arranged with the Battery and all necessary appliances, put up in neat rose-wood cases, accompanied with a Manual containing full directions for its efficient use and application.

The GRADUATED MAGNETIC MACHINES will be furnished to physicians at Twelve Dollars and Fifteen Dollars each, according to size and style of finish. They can be readily and safely sent to any part of the country, and each instrument is warranted.

Manufactured and sold, Wholesale and Retail, by

D. C. MOORHEAD,
 182 Broadway, New York.

☞ Orders addressed as above, accompanied with the *cash*, will be promptly and carefully fulfilled.
 Feb. 9, 1848.—eoply

DISEASES OF THE EYE AND EAR.

Dr. J. H. Dix will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont st., opposite Tremont House.
 February 14, 1848. Sept. 29—eptf

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII.

WEDNESDAY, JULY 19, 1848.

No. 25.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 163.]

GENTIAN.—As a simple tonic, and in cases in which no anti-periodic action is required, gentian is quite equal, if not superior, to cinchona bark. It has the advantage over the latter of being free from astringency, and may, therefore, be exhibited in not a few cases in which cinchona is objectionable. While it is a less powerful tonic than quinine, it is also less stimulating, and while few who can tolerate quinine cannot tolerate gentian, the converse is by no means always the case.

It is most useful in simple debility of the digestive organs; in general debility, consequent on, or accompanied by, anæmia; in chlorosis, and in scrofulous cases. It may be given combined with antispasmodics, as saffœtida, muse, &c.; with sedatives, as hyoscyamus, hop, &c.; or with the metallic salts, as sulphate of iron, or oxide of zinc, according as hysteria, irritability, or anæmia, preponderates.

In some parts of the Continent, there is used a spirit of gentian (*esprit de gentian*), limpid, of an aromatic flavor, and far from unpleasant as a cordial. On one occasion, when the writer was attacked by rheumatism, attended with great debility, in Switzerland, he derived marked advantage from the use of this in warm goat milk.

Gin.—This is a spirit distilled from rye or malt and juniper berries. It was first prepared in Geneva, and hence it used to be, and still is, sometimes so called. It has since been manufactured by the Dutch, and in consequence often goes by the name of *Hollands*. As used in England, it is, like almost every other article of food and drink, grossly adulterated. Turpentine is substituted for juniper berries, and vitriol, alum, sugar, are added by the retail dealers, and so sold to the people. Yet we have a police and sanitary commissioners!

Genuine Geneva, or *Hollands*, is perhaps one of the best of alcoholic liquors. It is equally wholesome with the best cognac or whiskey, and its diuretic properties prevent it from producing that febrile excitement which often succeeds the use of the former on the ensuing day. In dropsies, whether anasarcaous or ascitic, it is of twofold use, helping to remove, at once, the water and the debility. In derangements of the digestive

organs, accompanied with a foul state of the tongue, and of the secretions, and with biliary disorder, in which the use of malt liquors or of wine is inexpedient, but where the patient requires, or has been used to, artificial drinks, Hollands will be found the best substitute for malt liquors and the most unexceptionable spirit.

Ginseng.—A Hindoo or Chinese name for the root of the *panax quinquefolium*, which, like many things extravagantly esteemed by the Chinese and by semi-civilized nations, is found to be in no respect remarkable. It is simply a demulcent with no peculiar properties or advantages.

Gold.—The preparations of gold have hitherto been little known and used in England, but there is reason to believe that they are very valuable—equally so with the preparations of silver. Gold is used in various ways: first, it is used in powder, either by pulverizing the gold, as with a fine file, or by beating up gold leaf in a mortar, with sulphate of potass or honey. The powder, or electuary, is then rubbed on the gums or tongue, or applied, in dressing, to leprous, scrofulous or syphilitic sores. The oxide, or rather deutoxide, of gold—the purple powder of Cassius—is the next form. Of this, six grains may be mixed with four or five drachms of the powder of mezereon bark and some mucilage, and divided into sixty pills, of which from one to eight may be given daily—that is, we begin with one, and increase the dose gradually to eight pills a day. This is recommended in syphilis. The chloride or perchloride of gold is the next preparation. This, besides being liable to decomposition, is violent and unmanageable, being little less so than the bichloride of mercury. The chloride of gold and of sodium is both a milder and a more permanent preparation: nine grains of it may be mixed with a few drachms of powdered gum Arabic, and made into one hundred and twenty pills, of which the commencing dose is one a-day, the dose being gradually carried to fifteen daily.

The last preparation we shall notice is the cyanide of gold. The following formula is recommended by Chrestien, in amenorrhœa: cyanide of gold, two grains; chocolate paste, about an ounce or ten drachms; make into lozenges of the ordinary size; of these, take from one to four a-day. Pourché and Chrestien recommend the following pill in scrofula, syphilis and amenorrhœa: cyanide of gold, one grain; extract of mezereon bark (which preparation we have not in England), from three to fifteen grains; acacia powder, as much as may be necessary to make fifteen pills: commence with one pill; on the second day, take two; on the third day, three; and continue at this dose until the fifteen are taken.

In the treatment of dyspeptic derangements, the preparations of gold are chiefly useful as alteratives, and combined with rhubarb, aloes, scammony, &c., as useful purgatives in foul states of the mucous membrane of the stomach and bowels.

Gout.—“Functional disorder of the digestive organs,” writes Dr. Copland, “is one of the most universal causes of gout.” The stomach is blamed and blamable for many things; sometimes, however, it is charg-

ed unjustly. The above statement of a justly-respected author and physician, and the connection of the stomach with gout, illustrate my remark.

The stomach is often blamable for the gouty diathesis and the gouty paroxysm, but not in the way Dr. Copland alleges, and is usually supposed. He speaks of "a state of inflammation," and of "vascular erethism" of the mucous surface, as inducing gout; and he adds—"When the appetite is impaired, owing to the digestive mucous surface having assumed a more inflammatory state, frequent attempts are but too often made to excite it by stimulating and savory articles of diet, and the mischief is thereby augmented." These views require a brief comment.

I, too, regard the stomach as a frequent cause of gout; but it is the healthy, not the morbid stomach, that is so. It is a good and normal appetite, inconsiderately indulged, both as regards the quality and quantity of the alimentary ingesta, that is to blame for gout. It is during the enjoyment of a healthy vigorous digestion that the *materies morbi arthritici* are accumulated in the system. The morbid states of the stomach which Dr. Copland enumerates, as causing gout, are coetaneous effects with gout, of a long course of dietetic indiscretions, by which the blood has been unduly loaded with principles requiring regular or irregular elimination. And in a state of chronic gastric irritation, such as Dr. Copland describes as the cause of gout, this disease would never have occurred, for two reasons: first, the patient's appetite would not have been at all so large and various as to lead him to present his stomach with rich and stimulating aliment—the consequent malaise and irritation of meals of this sort would have hindered him from doing so; and secondly, his assimilative powers would have been so impaired as to prevent all risk of the circulation being loaded with those too large reinforcements of rich chyle, of which gouty disturbance is the consequence. Finally, it would only require to keep a man in a state of chronic gastritis for a month or two, to moderate greatly the arthritic diathesis in him. It will invariably be found that gouty subjects, in the interval of their attacks (and during which time they are accumulating, as I have said, the materials of future paroxysms), enjoy a healthy and vigorous digestion.* This, indeed, usually becomes impaired, and the stomach deranged, a few days before the local symptoms of gout appear; but it would be ætiologically inaccurate to regard the connection of these as cause and effect, and not merely as synchronous, or almost synchronous, consequences of one cause. It is true that the immunity from gastric derangements, and the vigor of digestion above referred to, cease, to a great extent, to be manifested after gout has become chronic, and the patient has passed middle life, and become debilitated; but even then the continuance of the gouty affection

* This remark applies to regular acute gout in persons of otherwise sound constitution, of which the writer has seen a good deal, and which he experienced in his own person, as early as his 25th year. The writer's case proves that gout sometimes occurs early, even when there is no hereditary predisposition. His father, a clergyman of studious, but far from indolent habits, never suffered from gout, and died in his 69th year. His mother was equally free from the disorder, and after a life of almost uninterrupted health, died in her 79th year.

is not at all or only very partially due to the gastric irritation, but principally depositions of urate of soda about the joints; which depositions, being permanent and inabsorbable, keep up a chronic local sub-inflammation, irrespective of the state of the digestive organs.

The predispositions to gout may be constitutional or hereditary; but perhaps in every case the influence of these could be eluded or counteracted by a life of great regularity, activity and temperance. Hence the disease is almost always immediately ascribable to actual indiscretions of the patient himself, either in the use of food or the neglect of exercise.

When, in some cases, derangements of the digestive organs are to blame for the induction of gout, this chiefly happens in consequence of the irritable states of the gastro-enteric mucous membrane, whereby this surface becomes inefficient as an emunctory. Hence sundry principles which should be eliminated on this surface, are retained, leading to constitutional disturbance, and local (arthritic) inflammation. But it is necessary to observe, that although interruption of the gastro-enteric secretions often occasions the results now named, yet interruptions of the renal secretion of the skin are much more frequent and influential causes.

It is hardly worth while to detain ourselves with any detail of the views of the ancients as to the pathology of gout; for these views were crude and incorrect. Even the most recent writers have propounded theories needlessly refined and circuitous. The history of a simple case of acquired acute gout seems to consist in a plethoric state of the circulation, usually owing to food too rich, plentiful and stimulant, and to deficient exercise; to the blood being, moreover, unduly charged with fibrin and red globules; to a thence resulting partial decomposition of that fluid, or at least a disturbance of the physiological equilibrium of its normal constituents. Hence a tendency to, and a necessity for, a more than usual elimination by the kidney of uric acid and the urate of soda. These, however, so superabound, that the kidney cannot excrete them sufficiently largely or quickly, or becomes fatigued in so doing, as every organ is apt to become whose function is too continuously called into exercise. In consequence, uric acid and the urate of soda, not finding a physiological outlet by the kidney, are ready, as the event shows, to be deposited where a local inflammation affords an opportunity, that local inflammation being itself but an effect of constitutional disturbance, caused by the superabundance of uric acid and urate of soda in its circulation.

What circumstances determine the preference of gouty inflammation for the extremities are not altogether clear. It may be, that in these parts the circulation being more feeble, and the animal temperature lower than elsewhere, the deposition of urate of soda is facilitated. Under this supposition it will be the deposited urate of soda that causes the local inflammation, not the inflammation that leads to the deposition of the urate of soda. Which of the two phenomena is the primary and casual one, it is not easy to determine. It may be, that now the one and now the other is so. It is uncertain, also, whether in all cases urate of soda is actually deposited about the affected joints, or remains in a state of solution. That it is sometimes deposited, is certain; but in the early gouty parox-

ysm, and before the disease is chronic, it is re-absorbed. In chronic cases, however, this result does not follow ; it remains where it has been deposited, forming what are called chalkstones, and permanently injuring the play of the articular tendons and ligaments, and, consequently, the movement of the joint. But though the enlargement and stiffening of the joints is in part owing to the deposition of the urate of soda, it is also, in part, due to exudation of the plasma or coagulable lymph, by which cellular tissue is solidified, tendons are thickened, &c.

In many cases, the arthritic is associated with a neuralgic diathesis, and I have often observed, that in such instances, moral irritation of a depressing kind will strongly predispose to an attack. In those, also, who are highly charged—if the phrase may be used—with a gouty disposition, a thousand trivial circumstances will develope it, in like manner as we observe in some people erysipelatous inflammation follow any slight abrasion, &c., of the skin. I have seen the slight pressure of a new boot, a long walk, in which the articulations and muscles of the foot were too much exercised, and even causes less important, induce attacks of gout. With its speedy occurrence after an incautious use of particular wines or articles of food, every practitioner is familiar. Champagne and claret soonest induce it in many cases. Of all vegetable acids, the malic is the one which, according to my observation, is most objectionable in the case of gouty subjects. I believe that in these cases, acids act detrimentally, by hindering the due elimination of uric acid and its salts by the kidney.

Gout presents several varieties or modifications, according to the age, constitution, vigor and habits of the patient. Thus we have acute regular gout, chronic gout, retrocedent or metastatic gout, and what I shall call ill-developed or imperfect gout. A short notice of these, and of the treatment required respectively by each, will conclude this paper.

Acute regular gout occurs, in its simplest and best characterized form, in patients about middle life, and of sound constitution. For some days, or it may be for a week or two before the attack, there are symptoms of gastric derangement, such as loaded tongue, ill taste in the mouth, irregular bowels, urine high colored, scanty or turbid, and depositing a red sediment. After some such symptoms, the patient is seized, often suddenly, with an acute pain in the foot or hand, usually in the ball of the great toe. The part becomes red, hot, swollen, shining ; it throbs ; the patient is restless and feverish ; he does not sleep till towards morning, when the pain somewhat subsides, perspiration occurs, and the patient, except in severe cases, has some relief until the ensuing night, when the same symptoms recur. These diurnal or nocturnal attacks continue during from two or three to eight or ten days, after which, the patient regains his usual health, and soon recovers the use of his foot, though sometimes there remains, for a longer or shorter time, a weakness in the part. In consequence of the restrictions of diet, and use of medicine, the patient often feels himself more alert and in better spirits, and with a better appetite, than before, and he is apt erroneously to impute these effects to the arthritic attack.

The treatment should commence with a purgative, which may be a smart one if the patient is robust and plethoric, and the attack is acute. From ten to twenty grains of jalap, and from three to eight of calomel, or any other purgative of corresponding energy, may be ordered, though hardly anything else adequately replaces mercury as a purgative in the outset of gout. The above dose should be followed, in from two to five hours, with a draught, consisting of equal parts of the infusion of rhubarb and senna, containing a drachm of sulphate of potass, and a scruple of the carbonate of that alkali. After this, a diaphoretic tisane, consisting of one or two drachms of ipecacuanha wine, or four drachms of the solution of acetate of ammonia, in a pint and a half of weak tea, is to form the patient's drink. The patient is to eat little or nothing for twenty-four hours, and no further use of purgatives is to be made, at least for a day or two. At night, a full dose of Dover's powder may be given. This will relieve pain, secure sleep, promote diaphoresis—each an important object. On the third day, the use of colchicum may be begun. I have always found this most efficacious when given simply in doses of from twenty to sixty drops of the wine in four or six ounces of distilled water, along with from five to ten grains of the nitrate of potass. To this, two drachms of the compound spirit of juniper, and half a drachm of the spirit of nitric ether, may be added. Few persons can bear or will require a dose of sixty drops of colchicum wine oftener than twice in the twenty-four hours. Many cannot endure a half or third of that quantity.

In France, and elsewhere on the Continent, various other local and internal means are recommended. Thus some practitioners direct its affected member to be invested with alcoholized emollient cataplasms; others recommend a plaster sprinkled with potassio-tartrate of antimony; others cataplasms of farina and milk, impregnated with henbane, hemlock, &c. The cataplasm of Pradier is thought well of in France. It consists of balsam of Mecca, saffron, sage, sarsaparilla, and red cinchona, dissolved in three pounds of alcohol. To this lime water is added, and then a sufficient quantity of linseed meal to make a poultice or cataplasm. This is applied to the foot, and the member is then wrapped up in warm flannel, or gummed taffeta. The cataplasm is changed every twelve or sixteen hours.

Another application in France, are compresses impregnated with a solution of the cyanide of mercury.

On the Continent, narcotics are also used internally. Opium, and its preparations, have the preference, if not contra-indicated. Purgatives are also given, but with prudence and moderation. The use of local blood-letting, as by leeches to the affected part, is now almost wholly abandoned everywhere; but some practitioners, among ourselves and abroad, still recommend phlebotomy in cases of regular acute gout, when the patient is young and plethoric. I should myself avoid this measure, unless in most urgent circumstances.

Chronic gout requires much less active treatment than acute. But nearly the same medicinal agents are to be had recourse to in either sort.

However, some slight modifications must be observed. The diaphoretics in chronic gout may be more stimulant than in acute. Thus the compound tincture of guaiacum, which is even hurtful in the latter, is well borne in the former. Opiates may be also more freely used. And now, also, alteratives become necessary, the digestive organs beginning to participate in the general derangement; the biliary and other secretions to be less regular and efficient, chyliification less perfect, and defecation less active. Friction with a pomade, or soft ointment of four grains of veratrine in one ounce of lard, may be applied to the affected part; and a solution of veratrine, consisting of one grain thereof in two ounces of distilled water, a twelfth to an eighth part to be taken twice or thrice a-day, or oftener, in a draught.

The treatment of metastatic gout is simple, though, not for that reason, always satisfactory or successful. What I mean is, that the indications are obvious. We must endeavor by sinapisms, hot pediluvia, blisters, stimulant frictions, to keep the gout in the feet or hands, or recall it thither.

If the stomach is attacked, we must give cold or iced drink, with opium in it, the feet being simultaneously plunged in hot water with mustard dissolved in it. If the head is the seat of metastasis, while the feet are treated in the manner just stated, cold evaporating lotions must be applied on the temples, forehead and occiput. If the heart is affected by metastatic gout, there is great danger, for we know not what to do. The best way is not to interfere with the heart at all, but vigorously to apply derivation and counter-irritation to the extremities. As to the practice recommended by some of giving hydrocyanic acid in metastasis of gout to the heart, it is mad advice, and is not more reasonable than if, with a view to make a paralytic man steady, we made him drunk.

Ill-developed, or *covert* gout [we name it so in contradistinction to *overt* gout), is not the least important or least common form of this malady. It is, perhaps, the most frequent, and, in some senses, the most serious. Considerable observation has satisfied me, that to smouldering gout are due many anomalous affections and pains which go under the names of hysteria, hypochondriasis, gastrodynia, neuralgia, cephalalgia, tic douloureux, spinal disease, nephritic derangement, &c.

FRACTURE OF THE CERVICAL VERTEBRÆ.

[Communicated for the Boston Med. and Surg. Journal.]

DR. HILL's case of dislocated vertebrae (page 405 of this Journal) reminds me of a pathological specimen of the spine which I have been in the habit of exhibiting to the class of the Indiana Medical College, to illustrate injuries of the spine. The case occurred in Illinois, in the practice of Drs. Hard & Richards, of Kane Co., in that State, from whom I had the history of the injury, and who kindly furnished me the specimen. It consists of the whole of the dorsal and lumbar vertebrae. The *last* dorsal vertebra had evidently been fractured through the body

obliquely from before backwards and downward, leaving the spinous and articulating processes on the upper fragment. The articulating processes were dislocated, and separated from each other from one half to one fourth of an inch. There is but little displacement of the fragments, excepting an angular one, which so altered the medullary canal as to have greatly compressed the medulla spinalis. Bony union was perfect throughout the whole fractured surface, with no exuberance of callus or any evidence of morbid action in the parts.

The history, as near as I can remember, was of this description. He was a man of adult age. The injury occurred while riding a horse, which reared and fell over backwards upon the rider. He was taken up and carried into the house, and Drs. Hard & Richards sent for. They found his lower limbs perfectly palsied. Examination could not detect the exact seat of the injury, but a probable fracture of the spine was inferred, and a fatal issue predicted. He lived five months, most of the time in excruciating agony, which nothing would mitigate but large doses of morphine. He finally died with a pulmonary disease, suppuration extensively occurring in the pulmonary tissue. While he lived he had several attacks of malarious fever, and some extraordinary phenomena attended, which I do not precisely remember. On a *post-mortem* inspection of the body, bony union was found perfect in the fractured vertebrae; not the least suppuration, or caries, or disease of any kind, was present in the bone or tissues surrounding it, if we except the medulla spinalis, which was destroyed to some extent above and below the fractured portion. The sheath was there, but the medullary portion was gone. The most singular circumstance in the case, was the dislocation of the articulating processes, without their being fractured in the least.

A case of fractured vertebrae occurred to me three or four years ago, in which a complete paralysis was induced. The man was assisting in raising a house with long levers, one of which fell on to the back of his neck and knocked him down. He was taken up and found to be perfectly palsied below the neck and shoulders. I saw him in consultation the second day from the injury. On examination, it was discovered that the blow was received on the fifth and sixth cervical vertebrae, and they were in all probability fractured. His bowels were much distended; there was retention of urine and fæces, and total loss of sensation and motion in the parts below the fracture. Respiration was laborious, as he breathed apparently by the voluntary muscles. He retained his senses most perfectly, and it was truly painful to behold a human being, *dead* as far as all sensation and feeling were concerned, with the exception of his head, and that looking on his body with painful consciousness of its hopeless condition. He would exclaim that death had possession of all but his head, and that if he should go to sleep he should die by ceasing to breathe, which he effected by voluntary efforts of the muscles of respiration. He lived about seventy-two hours, and never once slept, until the sleep which closed in death. He was conscious that this would be the case, and repeatedly expressed himself to that effect. No *post-mor-*

tem examination was made. The injury was below the origin of the phrenic nerve, as death would have been immediate if not so.

Fractures of the spine are sufficiently deplorable under the most favorable circumstances; but they are not always fatal, we are well assured, if the medulla spinalis escapes injury. But very often this is the case; and our prognosis will depend on this fact, in preference to any other thing. Several cases have occurred to me within a few years, and I am induced briefly to allude to them.

In the summer of 1841, a young lady was thrown from a chaise in consequence of the running away of a horse. She was precipitated from the chaise with great violence far ahead of it, and the wheel struck her on the back, over the lumbar region. She was taken up and carried home, about a mile distant. A medical gentleman was called, who found her unable to move her lower extremities, which were also insensible. I saw her in consultation next day, when re-action had taken place, and she complained of violent pain when she was moved. On examining the spine, it was found that the fourth and fifth lumbar vertebrae were so exquisitely tender as to make her cry out with pain when they were pressed upon. The least motion of the hips or body would also cause the same excruciating anguish. There was evidently fracture of one or more vertebrae, for motion would produce distinct crepitus; but whether of the body or processes, could not be definitely settled. There was some deformity of the spine, and a good deal of swelling over the region of injury; also total insensibility and loss of motion below the seat of fracture, and retention of urine and feces. The physician had bled her, and it was thought best to perform the operation again, which was done. The urine was drawn off by the catheter, and a cathartic administered, and its operation promoted by an enema. She was cupped over the lumbar region from time to time. Strict rest in the horizontal position, on a firm mattress, was enjoined. Blisters were applied for awhile, after the first few weeks had passed over. In six weeks she began to have some little return of sensation in the limbs, and could retain and void her urine. She was confined to the bed eight months, and it was more than a year before she could walk without the aid of some one to support her. But she finally recovered, and has since married and borne a child. Her limbs are, however, very weak, and her back painful. This was undoubtedly a case of fractured spine, with such injury of the medulla spinalis as to destroy its functions, at least for awhile. There was extravasation of blood undoubtedly into the medullary canal, which was finally absorbed, and the fractured bones united, leaving the canal in a state of integrity.

The fracture of a vertebra is not necessarily fatal, if unattended with injury of the spinal cord to that extent that nature cannot repair the mischief. In the first case that I have related, it is to be seen that perfect bony union had taken place; and there is no doubt, had the spinal marrow escaped injury, he would have recovered perfectly, notwithstanding the complete fracture of the body of the dorsal vertebrae.

A man, aged 50, was run away with by a horse attached to a sleigh.

He was thrown against a rail fence with great force, his back coming in contact with the end of a sharp rail. He was picked up and carried into a house. I saw him in a few hours after, and found him cold, numb, and in great agony in the back. On examination, I could plainly make out a fracture of the last dorsal vertebra; at least the spinous process was movable, and a crepitus could be detected. His legs were partially insensible, with an entire inability to move them; urine retained, &c. &c. I bled him as soon as re-action came on, cupped him in a few days, drew off the urine with the catheter, and enjoined strict rest on a firm mattress. In the course of a month he began to improve, and regain motion and sensibility in his limbs, and in six months could walk; and is now, two years from the date of the accident, able to do a good day's work. But there is a curvature of the spine at the seat of the injury, an excavation, and a lateral one.

Whether this was a fracture of the body or of the processes of the vertebrae, it is impossible to say; but the spinal cord fortunately escaped laceration, although for awhile it was compressed by extravasation, so as to impair its functions.

A man by the name of Stevens, living in Solon, in this county, fell from a building, from the breaking of a scaffolding. The distance was about fifteen feet. He fell on his back, against a round stone which was firmly fixed in the ground. He was taken up, with loss of sensation and motion in his lower extremities, retention of urine, &c. &c. He was very fat, and it was difficult to discover the exact seat of injury, as no deformity was present; but on examination, he evinced great pain on pressure over the second lumbar vertebra. I saw him a month after the accident, in consultation with his attending physician. He was then unable to move his limbs, but sensation was returning, and he was improving in every respect, and I have no doubt got entirely well.

It is not positive that this was a case of fractured vertebra, but the phenomena attending were so similar to those of the preceding cases, where fracture was known to exist, that I have little doubt of its being the case.

A drunken, rowdying fellow, who was excessively fat, with a short bull neck and broad shoulders, jumped from a second-story window of a tavern, and alighted on the plank platform below, on the top of his head. He was in the habit of suddenly jumping out of bed, and sometimes out of the windows of his house, and scouring over the fields, screaming at the top of his voice, all the while imagining the devil at his heels. It is probable that he went to bed well fuddled the night of the accident, and it being excessively warm, the window was left open. He was found early in the morning insensible, was carried in, and a physician called. He lay several days in an apparently hopeless state; but he finally began to gain, when he was brought home, and I took charge of him. I found his neck stiff and sore, to that degree that motion could not be borne. The sixth and seventh cervical vertebrae were the ones that were injured. The least pressure over their spinous processes produced such agony that no close examination could be made; and it was

there that he referred all his pain, when he moved his head or had it moved. By cupping and blistering, and rest, he began to improve, and in about six months he was able to go about and do some business; but his neck became ankylosed in so great a degree, as to nearly fix it, and oblige him to turn his whole body to look about him. I have no manner of doubt that this was a fracture of one or more cervical vertebræ, but with an escape of the spinal marrow from the injury.

Cortlandville, N. Y., June 22, 1848.

A. B. SHIPMAN.

CAN THE LARYNX BE ENTERED?—DR. HORACE GREEN AND HIS PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

Do not be alarmed, my dear Sir, at the above title. I am aware that to discourse upon the subject of entering the larynx, is about equivalent to taking one's seat upon a keg of gunpowder, to which a lighted match has just been applied. I disavow any unkindly feelings or intentions, however, and beg to assure you that I do not desire to say anything in a controversial spirit, but merely to state a few facts, which I consider due to the gentleman whose name is placed at the head of this communication.

You have not forgotten, I presume, that there was a controversy in your Journal respecting the origin of Dr. Green's method of treating diseases of the larynx, &c. Your correspondent, Dr. Reese, contended, on the one hand, that the practice originated with Trousseau & Belloc, of France, and that it had been unjustly and unfairly appropriated by Dr. Green without acknowledgment; while the opponent of Dr. Reese, on the other hand, contended that Dr. Green's method of cauterizing the interior of the larynx was wholly different from that of Trousseau & Belloc, and, therefore, so far as the latter gentlemen were concerned, Dr. Green was entitled to all the merit of the discovery.

Now if any additional facts have come to light, since the controversy ended, tending to show that Dr. Green was unjustly assailed, I am sure that you will cheerfully give them a place in your pages.

These prefatory remarks have been made in reference to a letter which we have just been perusing, and to which we invite attention. It is dated Pisa, Italy, and was written by a Mr. V. to his brother in this country. Mr. V. had suffered with an "old chronic catarrh," as he terms it, for fifteen years, and had travelled over Europe with a view to the restoration of his health, availing himself of the treatment of the most skilful and distinguished physicians he could find. He received no benefit, however, and returned to this country, where he placed himself under the treatment of Dr. Green, and was not only relieved of his sufferings, but restored to very excellent health. He then set out for Europe again, for the purpose of seeking *enjoyment*, whereas, previously, he had only been in the pursuit of *health*. He arrived in Paris, in the progress of his journey, and during his stay there, the weather became rainy and foggy, owing to which his "throat began to cause him some

trouble.” Anxious to be relieved as soon as possible, he made his way directly to *Trousseau*, who, availing himself of a “probang and sponge,” applied a strong argentine solution “about the superior part of the larynx and behind the epiglottis,” but without attempting to introduce the sponge into the laryngeal cavity. He repeated the application from day to day, as just described, but the patient not deriving that benefit which he had experienced from the applications of Dr. Green, requested the distinguished Frenchman to do him the favor of “entering his larynx.” *Trousseau*, however, declined to do so, being evidently afraid, as the writer states, of producing convulsions.

We may justly infer from this, without any other testimony, that *Trousseau* had no knowledge of Dr. Green’s method of operating; and hence it must be regarded as very remarkable, that any intelligent physician, either from an excess of benevolence, or from any other motive, should have awarded to *Trousseau* that credit which he would not have claimed for himself, and which, in truth, as an honorable and distinguished member of the medical profession, he would have indignantly refused.

The treatment of *Trousseau* in the case of Mr. V. (I may remark, *en passant*) consisted, in addition to the topical applications already mentioned, of a “portion of calomel,” and the smoking, twice daily, of a cigar formed of “unglued paper” which had been wetted with a solution of “arsenate de soude.”

Trousseau advised his patient to quit Paris and seek a more genial climate, and accordingly he set out for Pisa, where he consulted two eminent physicians, one an Englishman and the other an Italian. To these he made his case known, and solicited them to make an application to the interior of his larynx, feeling persuaded that this only would afford him decided relief. Like *Trousseau*, however, they were both afraid to make any such application. They recommended a light diet, with a resort to drugs and blisters; but the patient, having been more familiar with this routine of treatment for the previous fifteen years than was either agreeable or in his opinion *profitable*, concluded not to follow their instructions, and resolved, in the dilemma in which he found himself, with difficult deglutition, and other severe sufferings, to “enter the larynx” himself, “hazardous” and “fearful” though it might be. He succeeded in performing the operation, however, without any particular difficulty, after the three distinguished European physicians, just cited, with *Trousseau* at the head of the list, pronounced it to be dangerous and impracticable. Thus was this extraordinary “anatomical and physiological impossibility” overcome, and that, too, by one who knew nothing of “anatomy,” excepting that he had a *skin*, and in addition to that, a *larynx* in a state of disease, which innumerable physicians had been endeavoring in vain, for a period of *fifteen years*, to cure. The writer states that he applied the nitrate of silver, in solution, to the laryngeal cavity every other day, and soon found that relief which he had sought for in vain from other sources upon the Continent.

The fact just narrated carries with it a wholesome admonition, which

may prove of service to our "learned critics," who should never undertake to "*post up the profession*" on any particular topic, without first being assured that their *day-book* is not blurred by *false* and *malerolent* entries.

While Dr. Green has been persecuted at home, and even grossly accused by certain *cisatlantic* scribes of plagiarism, it is gratifying to find that *transatlantic* reviewers and critics speak of him in those terms of unqualified praise and commendation, to which his industry and genius so eminently entitle him. The British Medical Review, in an extended notice of his work, says—"the whole subject is undoubtedly his own." Ireland, also, as well as England—with her "big heart," her strong pulse, and her warm and generous sympathies—has sent forth an approving and encouraging voice. We allude to an elaborate notice of Dr. Green's work in the Dublin Quarterly Journal, in which the writer gives an account of the imperfect method of Trousseau & Belloc for the introduction of a solution of the nitrate of silver into the larynx, and adds, "But Dr. Green has found out another method of applying the solution to the laryngeal mucous membrane, so simple and so efficacious, that he has been induced to publish this volume upon its merits."

The Dublin Quarterly says, in another place—"We shall only remark, that we are fully convinced of the originality of observation displayed by our author, and of the perfect truth of the statements contained in his treatise."

These passages from the Dublin Quarterly do not require any comment—they carry with them their own interpretation.

We have said that Mr. V.'s letter was dated *Pisa*. *Apropos* of this! It reminds us of poor old Galileo, who maintained, in opposition to one of the axioms of the Aristotelian mechanics, that all bodies would fall through the same height in the same time, if they were not unequally retarded by the resistance of the air; and in proof of this, he let heavy bodies fall from the leaning tower of Pisa, and though the followers of Aristotle saw the unequal weights strike the ground at the same instant, we are told that they ascribed the effect to some *unknown cause*, and blindly preferred the decision of their dogmatic master to that of Nature herself.*

We need not make any application of this fact in history, excepting to remark that the blood of the Aristotelians is not yet quite extinct.

Medical men are too apt, like certain monks, to dance the whole of their ideas upon the point of a needle, and to individuals of this description is the world indebted for many learned attempts to prove the impossibility of "entering the larynx," as proposed by Dr. Green. This doctrine of "*impossibility*," however, is gradually becoming obsolete, and we are not exactly certain whether it is not *cruel* even to suggest that such a doctrine was ever seriously taught by sober-minded and educated physicians. Be this as it may, it is not very probable that hereafter any medical man who wishes to be considered a "part and parcel"

* See Sir David Brewster.

of the present "enlightened" century, and who, withal, is not ambitious of being daguerreotyped as the veriest blockhead in Christendom, will contend for the "impossibility" of entering the larynx, as practised by our countryman. This question being settled, one would naturally suppose that Dr. Green, after passing through the fiery ordeal of criticism, would be permitted to take a little rest; but from all that we have seen and heard in "high-ways and by-ways," as we have floated through the world of medicine, it is clearly discernible that there is still another "dragon in the arena," which is destined to exhibit its fiery coils, and scatter around its deadly venom. In simple language, it would seem that Dr. Green is to be arraigned, sooner or later, in the high court of medicine, upon another and a very serious charge, affecting his "professional character," viz., that of wickedly and deliberately *excising tonsils*, in numerous instances, contrary to the wisdom, prudence and sagacity of *certain* members of the learned medical faculty. We know not who is to *prefer* the charge, or play the part of Maral in the case aforesaid; but inasmuch as Dr. Green has an extensive practice, and is visited by patients from every part of the civilized world, we have no doubt that the "public good," or rather the "good of the universe," will require a full and minute investigation into this deeply-important matter.

But seriously, why should physicians accuse Dr. Green of removing tonsils unnecessarily? An accusation of this kind, to have any force, must be based upon sound pathological facts. The accusers must first ascertain the various morbid conditions which the tonsils assume, and then devise some efficient plan of treatment, independently of excision, by which these morbid conditions may be effectually removed. But will they be able to do this? How many scores of cases there are, within the range of every physician's practice, in which serious laryngeal disease, succeeded by phthisis, has originated in a diseased state of the tonsils. A patient is annoyed by an irritation in the throat, or larynx, which continues for months, or perhaps for years, and at length he consults his physician, who looks into his throat very gravely, and not perceiving any *hypertrophy* of the tonsils, which is his only rule for their excision, he shrugs up his shoulders very knowingly, and endeavors to persuade the patient that his symptoms are all imaginary, and that there is no disease of the tonsils which requires any interference. The patient goes home, more or less comforted, but his sufferings continue, and he is unable to resist the conviction that his physician does not comprehend the true nature of his case.

Dr. Green, with a ready tact, and a quick and practised eye, has been enabled to point out these abnormal conditions of the tonsils, independently of any considerable hypertrophy, in which excision is altogether indispensable, and without which it is impossible to render the patient any special service.

Now let that portion of the medical profession, who are disposed to accuse Dr. Green of mal-practice, first ascertain what his reasons are for removing the tonsils in those cases where they are but slightly enlarged, and

then, if they can prove that those reasons are fallacious, and at the same time direct some efficient treatment for the cure of the patients, without resorting to excision, they will prove themselves benefactors of the human race.

Sojourning the past winter in New York, where we had ample opportunities of witnessing the practice of Dr. Green, we saw a gentleman in his office who had come to him, as a patient, from a distant State. He had been long troubled with a disease of the throat, and had placed himself under the treatment of an educated physician in his neighborhood, who made repeated applications of a solution of nitrate of silver to the fauces, as directed in Dr. Green's work. The gentleman was not materially benefited, and, at the suggestion of his physician, visited New York for the purpose of placing himself directly under the treatment of Dr. Green. The tonsils were only slightly enlarged, and the investing mucous membrane, owing to the topical use of the argentine solution, had a very healthy aspect; but by making lateral pressure upon either of the tonsils, a quantity of pus could be forced from its follicles or cells.

Need it be said that this acrid and irritating secretion, without proper treatment, would continue to be poured out, and to communicate disease to the adjacent mucous surfaces, until the larynx became involved, and the patient, sooner or later, brought into a hopeless state of phthisis? Such, unfortunately, is the termination of innumerable cases, similar to the above, in which physicians do not interfere with the tonsils, simply because they do not find them in a state of hypertrophy.

We examined the case of a gentleman recently, whose throat had troubled him for years, and who had called upon an eminent physician to know if his tonsils were not diseased. The physician sent him away, with the assurance that there was no disease requiring medical treatment. Upon looking into his throat, it was perceptible that the tonsils were somewhat enlarged, having a *honeycomb* appearance, and it certainly did not require any very nice or delicate observation to notice that they were constantly exuding an acrid and pus-like secretion, which kept up a continual irritation in his throat, and even rendered his breath extremely offensive.

Here was a case in which an eminent physician decided that treatment was unnecessary, and in which, if Dr. Green should propose excision of the tonsils, he would be almost indicted for mal-practice.

Physicians should assume to be *wise* only in proportion to their *true knowledge*, and be sure that they do not rebuke or condemn a brother for his opinions or his practice, when it is only their own *ignorance* which deserves *rebuke* and *condemnation*.

We are glad to perceive that the British Review, already quoted, speaks favorably of Dr. Green's applications in cases of pulmonary disease. Commenting upon this subject, the reviewer says—"We have adopted the method of treatment recommended by him [Dr. Green], and can corroborate his statements as to its great value. Cases of pulmonary affection have in our hands been brought to a satisfactory termination, which we are quite sure, under the treatment ordinarily adopted, would

have terminated fatally; and we remember individuals, whose cases terminated fatally, who (we feel equally certain) need not have died, at least of that disease which cut them off. This much is due to Dr. Green."

We quote the above for the purpose of remarking, that a year ago, or more, we were treating a case of phthisis pulmonalis, complicated with severe laryngeal disease, and for the latter affection, which had become very annoying, we employed a solution of nitrate of silver topically, with excellent results, although it did not exercise, nor was it expected to exercise, any special influence over the general malady. We had the thanks of our patient for the relief which had been thus afforded, but they were blended with anathemas from another quarter. A certain *individual* consulted a certain "*high*" medical dignitary, in our good city, with regard to the case, and after describing it in the most *accurate* and *glowing* manner, the said dignitary, with an earnestness that would have done credit to Caligula or Nero, decided peremptorily that any physician who would adopt such treatment in such a case, ought to be sent to the penitentiary.

Since that time the distinguished Forbes, and other equally eminent transatlantic physicians and critics, have decided in favor of the practice, and of course the "*lesser*" oracles will now cease to bark at their neighbors who may see proper to give it a trial without first going upon their knees and asking permission of their "most excellent majesties."

Boston, July 5th, 1848.

Very respectfully, M. M.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 19, 1848.

Preparation of the New Adhesive Plaster.—In the Journal for July 5th, one of our oldest subscribers made some inquiries respecting the preparation of the new ethereal solution of cotton. As an answer to these queries, and also to show the attention which the subject has received in one of our sister cities, we copy the following directions from the last number of the American Journal of Pharmacy. They are the concluding part of an article on the subject by Edward Parrish and W. W. D. Livermore.

"The following observations are the result of a series of experiments in making the solution, which have several times disappointed us: as far as they go, they are freely offered for the benefit of others who may be disposed to attempt it.

"1st. Ordinary commercial gun cotton is not soluble in ether.

"2d. The best formula that we have tried for the preparation of this solution is as follows:—Take of Nitric acid sp. gr. 1.452, Sulphuric acid (Commercial), each 1 fluid oz.; cleansed and bleached Cotton, 2 drachms. Thoroughly saturate the cotton with the acids, and macerate for twelve hours. Then wash the cotton, dry it rapidly by artificial heat, in the shade, and dissolve it in one and a half pints sulphuric ether.

"3d. Gun cotton, as thus prepared, will lose its solubility entirely, by being kept a few days, or particularly by being exposed to the sun's rays.

"4th. The gun cotton prepared as above, is entirely soluble in the officinal sulphuric ether, though not in the hydrated ether or letheon.

"5th. As many groundless objections to the solution are due to its being carelessly or improperly applied, care should be taken to saturate the fabric used in making the plaster, with the liquid, and to allow it to dry while in close contact with the skin; and where a permanent plaster is required, it is well to apply it over the exterior surface with a brush. When thus applied, a piece of muslin one inch in breadth, and applied over a space of an inch and a half in length, will sustain a weight of ten pounds, its adhesion not being affected by moisture or temperature.

"6th. Some solutions of cotton, though resembling the true *collodion* in appearance, are found to produce a plaster of inferior adhesive power, and which ceases to adhere on being moistened. Such specimens yield a white precipitate upon drying, which appears to be due to the presence of water. The residue, after the evaporation of the best specimens, is nearly transparent in thin sheets, having somewhat the appearance of tissue paper, and is not readily inflammable."

Medical Book-making.—An interruption to the activity of the press in turning out publications on medicine and its kindred branches, is very apparent of late, owing probably to the same causes which are producing a stagnation in other departments of industry. With a return of good times, which both merchants and mechanics are expecting, the book trade will also receive a stimulus. It is certain that the publishers of medical works have exhibited a degree of enterprise, for the last few years, that commands our admiration; and if those for whom these books are written and manufactured, have availed themselves of the professional treasures spread out before them, for less than one half the cost of similar books in England, and are anxious for additional sources of instruction, the business may again become as active, and perhaps more profitable, than ever, to those embarked in the risk of publication. If medical gentlemen in the United States are without good libraries, it must be imputed to a want of ambition, since the prices of the first-class authorities bring them within the reach of a very moderate income. We have acquired the habit of looking to the Philadelphia and New York publishers for new and good medical books. When their machinery stands still, there is reason to fear that medical literature generally is inactive.

Professional Trickery and Ingratitude.—Among politicians, the word *availability* has become familiar, and means that if one cannot do as he would, he is determined to do as he can, in advancing his own principles, objects of ambition, and personal interests. Those who have had experience in affairs purely professional, especially journalists, have long since ascertained that the world abounds with men who, under the semblance of exceeding devotion to charitable objects and scientific pursuits, think far more of self elevation and position, than of the cause in which they would have spectators believe them ardently engaged. Such an exhibition is often discoverable in the writings of those who are perpetually endeavoring to establish a new theory, or re-vamp an old one, in a manner to create a

sensation. No food fattens such persons like a long scientific controversy, in which their names are conspicuous—if it can be accomplished through the pages of a journal; it being supposed that the editor is either so blind to the real motives of his contributor, or elated with the reception of a new article, that he cheerfully becomes a beast of burden to carry a trickster, from one stage to another, on the road to distinction. This is medical availability, or availing one's self of the shoulders of a journal to ride into notice—which journal the dishonest aspirant never fails to abuse and maltreat on the first fitting opportunity, when by doing it he hopes to achieve another point. Those who have been most forward in being thus brought into this kind of notice, are often false friends, ready on the first occasion to bite the hand that has fed them. Use, and then abuse, is a policy not unfrequently practised towards medical periodicals. Falling back upon an imagined superiority, should a thought or suggestion of theirs be called in question, after these hot-bed dictators have gained a certain conceived measure of earthly eminence, no vengeance compares with their throes of anger towards those to whom they are much indebted for their reputation. As long as their names are held up for praise, the elements of universal nature operate in perfect harmony; but wo to the editor who permits a backside view of the picture.

Eclectic Medical Convention.—From the relations of the Eclectic Journal, a wonderfully agreeable and satisfactory convention was held on the 25th of May, at Cincinnati. J. V. Morrow, M.D., was elected president. Sundry resolutions were passed; but medicine and surgery, as far as we have heard, continue to be practised very much as before the grave deliberations of the eclectics commenced. The convention adjourned on the sixth day of its session, to meet in the same city on the third Tuesday of May, 1849. After reading the reported doings of this body of disaffected gentlemen, who imagine themselves to be the instruments of an extraordinary revolution about to be ushered in—that is to be the golden age of physic—we cannot discover a single striking feature in their movements, which will even remotely change the present order of things. Wishing the eclectics of Ohio, that peace and profit which result from honest industry, we are perfectly frank in saying that we are satisfied no material alterations can ever be brought about by their efforts in this or any other country.

Importation of Adulterated Drugs.—The new Act to prevent the importation of adulterated drugs, provides for the appointment of a special examiner of such articles at each of the ports of New York, Boston, Philadelphia, Baltimore, Charleston and New Orleans—with salaries of \$1000 each, except the New York examiner, who is to receive \$1600.

Correspondence.

Medical Fees from Clergymen. TO THE EDITOR, &c. Sir,—In the last number of your Journal, I notice that one of your correspondents has given his views as to “medical fees from clergymen.” I will not enter the field of controversy with the gentleman, but (with your permission) briefly state *my* views of the subject. Previous to which, however, allow me to say that either Dr. Chandler, or your present correspondent, has mistaken the motives of Dr. Platt who introduced the resolution alluded to in his article. It did not appear to me that that preamble or resolution was “retalia-

tory" or "vindictive," or that they were dictated by aught but justice and common sense. As to the second paragraph of the preamble to the resolution, so far as my observation extends, it is as true as if written by inspiration. But still I would not retaliate by any "vindictive measures" whatever. It matters not to me if every clergyman's name in the country were appended to the certificates of nostrum venders. When I am called upon to attend the family of the clergyman, I do it with as much cheerfulness and assiduity as if he had attended to *his own business* and nothing else. If his *pills* or *syrups* are introduced, I pass them by as the "idle winds," and give him to understand that such trash is beneath the notice of a man of common understanding.

It has always been a mystery to me why the physician should attend the clergy and their families without remuneration. I know of no other profession that loses its dignity in presence of the clergy—none other that is not amply remunerated for services rendered. It cannot be because the physician is rich, and the minister poor, for the reverse is oftener the case. It cannot be on the grounds of inability, misfortune or reciprocity, that such bills are not presented for payment. The physician is expected to pay as much towards the support of the minister as any one else (professional services not included). The salary of clergymen is amply sufficient for their support; while it is believed that the whole fees of legitimate medicine are far inadequate to the support of the whole profession. The salary of the clergyman, though not extravagantly large, places him upon the grounds of comparative independence—while many a poor parishioner, who labors hard for a scanty living, is compelled to pay the uttermost farthing. It is robbing ourselves of our just dues, and often compels us to urge the poorer classes to the extent of their means for our own maintenance, while this favored class go untaxed, and thrive upon our exertions. I can see no other reason for all this than that *custom* has made it lawful "not to fee the minister." Custom is sometimes *law*, but not always *justice*.

Yours truly,

A. P. KING.

Apponaug, R. I., July 9th, 1848.

Mowee's Cough Balsam. TO THE EDITOR, &c. Sir,—Through the medium of your Journal, the medical faculty have never had brought to their notice a certain compound familiarly known as *Dr. Mowee's Cough Balsam*, containing, among other articles of medicine, an unknown quantity of morphine. It has been well reported of by sundry old grannies, and also by two physicians in this city, and the sale much increased by such approval from high authority. What gives this compound its superior virtues? Is it the morphine, the syrup, the balsam tolu, which constitutes it a medicine of unequalled virtue? When I think a patient needs morphine, I prefer to direct the quantity myself about the time it is to be used, it being a most potent drug, and even a deadly weapon in the hand of an assassin, a few grains taking life very soon. Can you recommend families to buy up such a medicine for daily use, they being ignorant of its nature. I think it as improper for common use as arsenic or any other thing of such fearful force.

I cannot imagine how a member of the Massachusetts Medical Society could be the father of such a compound, and yet not expose himself to the by-laws; but probably he has never been reprimanded by these guardians of public health. HYOSCYAMUS.

Lowell, July 12, 1848.

TO CORRESPONDENTS.—The following communications are on hand, and will be inserted as soon as space will permit:—Relations between the Clerical and Medical Professions; Hydrophobia and its Treatment; The Use of Chloroform; and Dr. Clendinen's Letter on Medicine and Surgery in Cincinnati.

MARRIED,—C. H. Vinton, M.D., of Bolton, Mass., to Miss J. A. Putney.

DIED,—Dr. James, a medical missionary, from Philadelphia, together with his wife, drowned by the capsizing of a schooner, near Hong Kong, China.

Report of Deaths in Boston—for the week ending July 15th, 48—Males, 19—females, 29.—Stillborn, 5. Of consumption, 5—typhus fever, 2—scarlet fever, 3—disease of the bowels, 2—disease of the knee, 1—disease of the heart, 2—disease of the stomach, 1—inflammation of the lungs, 1—dropsy, 3—dropsy of the brain, 1—marasmus, 5—infantile, 3—debility, 1—teething, 2—canker, 2—epilepsy, 1—worms, 1—old age, 1—worms, 1—hooping cough, 1—dysentery, 2—measles, 1—convulsions, 2—accidental, 1—suicide, 1—inflammation of the bowels, 2—disease of the chest, 1.

Under 5 years 22—between 5 and 20 years, 9—between 20 and 40 years, 6—between 40 and 60 years, 4—over 60 years, 7.

Medical Miscellany—Dr. Rayburn was the bearer of the Mexican treaty to Washington.—Mrs. Mary Bacon died at Providence, R. I., July 3d, at the age of 108 years!—Recent missionary accounts from Dr. Scudder, state that the cholera is producing dreadful ravages at Madras. Calomel and opium are the only reliable medicines, continues the same statement, in saving the patient.—Memphis Medical College is assuming a strong position. One hundred and four students attended the second course of lectures, and twenty-two received the degree of M.D. Rich'd C. Hancock, of De Soto County, Mississippi, and Wesley Warren, of Paris, Tenn., had the honorary degree of M.D. conferred.—New Orleans continues remarkably healthful, although crowded with strangers.—In Boston there are two hundred and fifty-seven physicians, besides eight female practitioners, registered in the Directory, and eighteen Thomsonian practitioners, in various parts of the city.—Dr. Ainos Bancroft, of Groton, Mass., a venerable and distinguished physician, was fatally injured the other day, in crossing a street in Boston, by a waggon.

J. P. MAYNARD'S LIQUID ADHESIVE PLASTER, OR COTTON SOLUTION.

A NEW and elegant substitute for Plaster Cloth, Sutures, Bandages, &c., in surgical operations. It is also much preferable to Court Plaster and Gold Beater's Skin, being nearly the color of the skin, adhering more closely to it, and continuing pliable and unaffected by washing.

This article, originally applied to Surgery by J. P. MAYNARD, has been found by all Surgeons who have tested it, far superior and more convenient than any former means of dressing Incised Wounds. For Burns, Sore Nipples, and all excoriated surfaces, it has proved extremely efficacious. It is not acted upon by water, and adheres with almost incredible tenacity to the skin, keeping the edges of the wound closely together, and causing it to heal with hardly a perceptible scar.

Prepared after the formula of J. P. Maynard, by MAYNARD & NOYES, and for sale by them at No. 11 Merchant's Row. apr. 26—eptf

MATICO.

A FRESH supply just received and for sale by
May 17—tf

JOSEPH BURNETT,
No. 33 Tremont Row.

BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE CO., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, Tremont street.

A. L. STIMSON, *Secretary.*

THOMAS TARBELL, *President.*

DR. G. H. LYMAN, *Consulting Physician.*

\$29—tf

TO PHYSICIANS.

THE Subscriber would most respectfully inform the Physicians of Boston that he has removed his store to the CORNER OF TREMONT AND ELLIOT STREETS, where he will be much pleased to see any of the Faculty who will honor his establishment with a visit. With an experience of twelve years in compounding and dispensing medicines, he hopes by constant attention to business to merit a share of patronage, assuring them that their favors shall be prepared with fidelity, of the purest materials, and by *himself personally*. He will be constantly supplied with all the new preparations as soon as they are out.

J. GEORGE WHITWELL, *Apothecary,*
Corner Tremont and Elliot Streets, Boston.

Nov. 10.—eptf

WILLIAM BROWN,

At his Apothecary store, corner of Washington and Elliot streets, keeps constantly on hand a fresh supply of Medicines, selected expressly for Physicians' and Families' use, including all the English extracts—Conii, Belladonna, Hyoscyami, Taraxaci, &c. Also, all the new Chemical preparations recently introduced. Great care is taken in selecting the choicest of medicines for physicians' prescriptions; not trusting to such articles as rhubarb, ipecac, jalap, aloes, &c., powdered by steam and water power, but having them pulverized fresh from the root, under my own superintendence. The most strict personal attention paid to dispensing physicians' prescriptions. No one permitted to put up prescriptions except those of long experience in the business. Jan. 5—ly

CONCENTRATED SYRUP OF SARSAPARILLA.

In calling the attention of the Medical Faculty to this preparation, the Proprietors would simply state that they adopt the formula of the U. S. Dispensatory by Wood & Bache; making use of the best Alexandria senna and Honduras sarsaparilla. We are very particular in the selection of materials, and also in the preparation of the medicine. We make an addition of iodine to our preparation, and, we think, with obvious advantage. In these days of abounding quackery, it seems to us, there should be a preparation of sarsaparilla recognized by the Faculty as official, and as such, recommended by them.

We would moreover state, that we submit a full formula to all regular physicians, and as far as we have made known our enterprise, we have received the approval and encouragement of nearly all medical men.

Prepared and sold, wholesale and retail, by the subscribers, South Reading, Mass. Also, for sale in Boston, by S. W. Fowle, and in many of the cities and towns throughout the State.

JOSEPH D. MANSFIELD, M.D.
WM. H. WILLIS, M.D.

March 15.

VACCINE VIRUS.

PHYSICIANS in any section of the United States, can procure ten quills charged with PURE VACCINE VIRUS by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVIII. WEDNESDAY, JULY 26, 1848.

No. 26.

RELATIONS BETWEEN THE CLERICAL AND MEDICAL PROFESSIONS. THE CHRISTIAN EXAMINER AND THE HYDROPATHIC DELUSION.

[Communicated for the Boston Medical and Surgical Journal.]

A RECENT number of this Journal gives an account of a vote introduced, and laid on the table for future consideration, at the meeting of the Connecticut Medical Society, the intent of which was to rescind that part of the code of medical ethics or usage, by which physicians have declined compensation from ministers and their families for professional services. The innovation was based and defended on the ground that the deportment and feelings of the clergy, as a body, had broken off and annihilated that mutual relation of respect and support, on which so kindly a consideration had been so long sustained in New England. This regard to the ministers of the gospel is still more honorable to the physicians, when it is recollected that the service was from the poorer and worse-compensated servant of the public, towards the less laborious and better paid: that is, if comparisons can be predicated between classes, both of which are so meagrely provided for, as the country brethren.

A writer in a still earlier number, that of February 23d ult., gave some strange—probably before unsuspected—facts and statistics, demonstrating that colleges, always under clerical control and influence, had, from their very origin, treated the medical calling with a studied neglect, contempt and omission—so palpable, so universal, as not to be accounted for or explained, on the idea of accident or mere coincidence. The physician has borne it all with “that sufferance which is the badge of all our tribe.” This writer demonstrated, by a reference to triennial catalogues and other documentary publications of the colleges themselves, that medical men never had either lot or part in the boards of trustees, examining bodies, or as recipients of the higher honors, within their trust. In fact, in eighty members of trustee boards, two only are physicians. And in several of the colleges, no medical trustee had ever been appointed. Physicians, elevated to the chair of State, *ex officio*, alone formed the exception of medical men in this connection.

It would seem, from these indications, that the attention, the self-respect, and the *esprit du corps* of our body have begun to be aroused. The time is approaching when medical men will examine and decide the question, whether they are to be treated by the members of a cognate liberal

profession as their equals in virtue, intelligence and aim ; whether there shall be that mutual support of callings, neither of which surely, in these latter days of reforms and innovations, can be in imminent danger of being injured by too profuse demonstrations of general respect and consideration.

Which party, in the present antagonistic position, is responsible for the earliest aggression, it is not needful to decide, nor which party can least afford this internecine war against each other's standing and interest. Our medical brethren in the interior, who have long borne in silence the officious interference of the clergy in determining a professional preference "amongst their people," in injudicious ministrations in the sick chamber, irrespective of the judgment or wishes of the physician attending, and in partisan efforts towards introducing "a member of our society," into circles of practice already overcrowded, can determine this question.

In the same category with the want of respect for the medical body, and doubtless dependent on the same state of feelings, is the curious propensity on the part of the clergy, always manifested, to patronize, recommend and puff all kinds of empirical measures and men. Dr. Holmes, in his amusing "*Delusions of Homœopathy*," gives many grotesque illustrations of this singular proclivity of ministers to run after wild humbugs and ridiculous cure-alls, as far back as Perkins's Tractors, certified to by half the reverends of New England, who were seduced by the gift of a half cent's worth of brass and pewter ; and the same spirit is continued down to this morning's papers, in which the Rev. Mr. Williamson and the Rev. Mr. Drew certify to some asthmatic elixir, under their own sign manual ! It is well understood that the venders of quack medicines are ready to give an extra price for a certificate from a Reverend, especially if it closes with a due quantity of devout expressions of gratitude, equally distributable to the Author of Good and the inventor of the patent medicine !

Now why do the clergy figure so prominently in the annals of quackery, even of the grossest kind ? Is it because they would willingly see the educated practitioner driven into the pursuits of trade and agriculture ? Or is it, that being a class of men peculiarly ignorant of the world and its ways, they are more easily misled and gammoned ? Or is it because, having been taught at college a smattering of the *ologies*, they have the vanity to presume that they can make a short cut, "a royal road," to what proves so long, so arduous, so uncertain a goal, as the educated physician acknowledges his ultimatum to be, after life-long struggles and honest devotion to the truth.

The prominent defect of men, like the clergy, who have none, or only an elementary smattering in the science of medicine, is this—that they insist on making a full, glorious, growing summer, of a single, solitary swallow, which they have seen, or *think they have seen*, or, at least, heard of ; they are unable to comprehend that a *post hoc* is not necessarily a *propter hoc*, that a *sequence* may not be a *consequence*—or to use the well-known English saying, respecting that class of logicians, who couple together things as *cause and effect*, simply because they happen

about the same date, they always regard Tenterden steeple to be the undoubted cause of Godwin sands! If, perchance, they should see a patient recover after a "great medicine" of the Pottawatamies had performed his filthy orgies over him, they would never have the intrusion of one doubt that the miraculous cure resulted from the "means being blessed."

These shallow logicians never dream that the natural, spontaneous termination of nineteen twentieths of all sickness is in recovery, and not death—that whether treated, or mal-treated, or left to the resources of the constitution, the patient may be expected to live; how much unnecessary suffering, delay and permanent mischief to the sufferer, from the omission of proper, or the administration of noxious means, being entirely a different question. When a person, who is more or less sick, makes an escape, after any of the varieties of empiricism, with his life, these sagacious philosophers are ready to throw up their caps and cry *Eureka!* Many a parson, who finds his child get well, somewhere about the epoch when some new quackery has been applied, goes cackling about the parish, as if the philosopher's stone had been discovered. His intelligent parishioners—finding their pastor adopting that motto so universal, as well to deserve to be emblazoned as part of the clerical arms, "*credo quia impossibile est*"—begin to ask the question whether he builds his faith in the doctrines and truths of religion, which they pay him for teaching to themselves and their families, on the same psychological processes, as those on which he hangs his medical belief. The natural conclusion is, that a man who is ready to hazard the lives of his household on practices and practitioners, in respect to whose value or safety, he has less evidence than a prudent man would require of the itinerant tinker, who presents himself to mend the brass kettle, is not a safe guide in matters either temporal or spiritual. Is this any explanation of the recent fact, that more than one of the clergymen of this city, who a few years since identified themselves with the now all but defunct vagaries of Hahnemann, have had leave to retire to other "fields" *on account of health*; or is it that the same want of good common sense, which embracing this humbug would indicate, is merely an "*ex pede Herculem*" proof of enormous weakness and gullibility in other points of their intellectual constitution?

This train of thought has been suggested by reading an article in the last *Christian Examiner*, presumptively the production of some member of the clerical or pedagogic profession, on the Water Cure, as it is called. This guess is hazarded under no knowledge of its paternity, but for the reason that there is a solemn owliness in its *ex cathedra* annunciation of common places about physiology—a smattering of medical ideas, such as could only be obtained from some school girl's compend of "*Physiology made Easy*," or "*The House I Live in*,"—mixed with the eulogistic, self-complacent commendations, common in circulars and advertisements of "*Water-cure Establishments*."

Of course we have no idea of attempting a formal argument in reply to such an article, from such a source, and in such a vehicle. Nothing

is more absurd than the attempt to argue down a delusion, even with an antagonist, whose preliminary acquaintance with the subject matter renders it practicable to adapt reasoning to his comprehension. The endeavor to reason on a topic of medicine with a writer like this—one who manifestly is not guilty of claiming the elementary rudiments, the very A B C of acquaintance—would be as ridiculous as it would be to labor with Brother Himes, or Silas Lamson, on the intricacies of exegesis, or the philological refinements of the Coptic or Sanscrit dialects, with the pious end of convincing them that they are utterly ignorant of interpretation and prophecy. It would in either case be very easy to furnish the conclusive proofs, but to furnish the recipient understanding, *hic labor, hoc opus est!*

Some of the ridiculous points of this aquatic evangely—its analogies to various other forms of moonshine and fraud—might perhaps be made available to some innocents of both genders, who have not read enough in the earliest books of medicine to be able to comprehend the absurdities of them in a medical point of view.

Sir Gilbert Blane long ago made the remark, doubtless verified in every intelligent person's observation, that whenever a professed curer of disease, regular or empiric, undertook to set up the claim that he lost very few or no patients, it may be safely affirmed that either he was trusted with no serious cases, or would be found to lie—under a great mistake. Our cold water lacquey, who pretends to give the returns of one of these aquatic caravanseras, will find that his vaunted success is “decidedly and individually” surpassed by the “semi-occasional” announcements of Dr. Peters, Dr. Dow and other worthies, whose cures are made “without absence from business and with no mercury,” in the daily “penny medical journals.” These “bastard and unlineal sons” of “Slapslapius,” in their pathetic Jeremiads to the afflicted “to beware of that advertising quack across the street,” report more thousands cured without being killed, than there are hundreds under the “cautious and intelligent *practitioner*” [!!] whose glories he celebrates, and whose veritable history and claims to confidence are forthshadowed in an official certificate of an association of his countrymen at Philadelphia, published in this Journal some months since.

Our friend Aquarius—for so bright a constellation of medical science deserves no less a personification—has apparently got hold of some crude ideas of the ancient humoral pathology, and gravely announces the theory of the water-cure to consist in washing out a goodly portion of the patient, and making him over anew. Hercules, when he turned the river through the Augean stable, was the first water-cure practitioner.

Hamlet's grave-digger had only discovered, by his professional experience, that “water is a sore destroyer of your whoreson dead bodies.” These modern comicalities have carried their prototype's observation still farther, and find that its virtues in decomposing the living carcase are no less wonderful. A man is washed out and made over, our learned author avers, more in six weeks under the water-cure, than in three years of the old and natural way! “It is a remarkable, but perfectly-

well-authenticated fact," he says, "that drugs, which have lain dormant in the system sometimes *for years*, make their appearance, clearly perceptible to the senses, and are expelled from the body during these cures." A most remarkable fact, truly! the only parallel to which in history, as far as we have read, is the remarkable congelation of sounds in the trumpet of a celebrated *German* practitioner—Mein Herr Baron v. Munchausen—which being subjected to the sweating processes, resulting from setting it up in the chimney corner, gave forth most melodious music; charges, marches, retreats, and triumphal blasts, were *made over* in the best conceivable style!*

Any intelligent reader of the *Christian Examiner*, who would see how insignificant a part these old humoral notions play in modern pathology, can consult the work of Chapman on Therapeutics, or the notes by Dr. Beck to Murray's *Materia Medica* for the other side, or any other respectable treatise in any regular physician's library. After so doing, he will arrive at the conclusion that any brain which can accept of the crudities of hydropathy, must have fully partaken of the watery imbibitions and replacements of its owner.

Were this miserable cold-water humbug—this poor quackery of using water "as his stimulant, his tonic, his purgative, his counter-irritant, &c.," applied as the seventh son or other empirics apply their panaceas to the worn-out nervous, hypochondriacal, hysterical cases, ever in search of something new, or were it like homœopathy or Broussaism only guilty of murder by omission, its responsibility would be comparatively trifling. The fatal effects of the use of cold water in acute visceral inflammations, and indeed in serious diseases generally, are not passing without note and record by the profession; but as in Thomsonism, the aggregate of terrible results may some time be presented, to the utter confusion of pretenders, if they have shame or conscience left. The profession have found, long since, that these delusions die quickest, if let alone—which has prevented the publication of certain cases of hydropathic homicides, cruel enough to make the ears of those who hear tingle.

Were only the enervated, exhausted, transcendental victims of excesses and indolence, prostrated by pernicious personal practices, the only subjects sent to these cold water seminaries, no great harm might result.

* A friend at our elbow suggests that the notion of drugs working out through the skin after long *remora* in the system, was deduced in this vicinity, from the case of the Rev. Mr. J——, once a respectable minister, but who abandoned himself to drink and opium eating. He was induced, by some of the cold water sages, to try the effect of their panacea. When he was under a full head of the sweating and steaming processes, sure enough the pent-up vapors gave forth a most unsavory odor of laudanum! With their usual cautious generalization, and the modest self-reliance which always marks the inductive philosopher, the old women of both sexes, who watched the phenomena, at once held up their hands in amazement at the miraculous fact—more wonderful than the liquefaction of the blood of St. Januarius—that the long locked-up poison was compelled to desert its victim. Poor J——! the reform was of short duration. The Lunatic Hospital at Worcester soon received him, and the amusing explanation came out, that a small vial of the precious tincture, which he had concealed about his person to comfort him in passing through Jordan—for his dread of the element had long been perfectly *hydrophobic*—had been accidentally fractured, and its perfume thus shed abroad!;

"You may break, you may ruin the vase if you will,
But the scent of the roses will hang round it still!"

Whether the treatment for these cases of *goneness* (as they are denominated by a celebrated panaceist) is "Dr. Banning's Laze," the cold-water cure, or "Brandreth's constitution pills," is "much of a muchness." There must be a certain portion of the community, who have a natural tendency to quackery; it always has been so, and will no doubt always continue to be so. It fortunately happens that this class is ever much smaller than it seems to be. Watch the sisters, male and female, who now spend their time in running after this hydropathic mummery. Last year they were equally full of transcendentalism, the year before of homœopathy, the years before of animal magnetism, Grahamism, phrenology. Next year they will be Fourierites, communists, George Sandists, &c. The farce will be the same, only the performers will, like Othello, be a little "more declined into the vale of years"—*unglicé*, old maidendom. Like the supernumeraries of a strolling theatre, who first appear as a procession of holy monks, next march as a band of Roman soldiers, then as a chorus of Alpine peasants, until the youthful spectator is lost in amazement at the legion who are hired for his entertainment, when an unlucky pair of bowlegs, or a portentous Bardolphian nasal promontory, lets the cat out of the bag. He finds, and is a little provoked to find, that all the varieties he has seen are only the same performers, doubling their parts, and coming round again after a due circulation, like the moving figures, which walk out on one side of the face of a Dutch clock, when it chimes, and in at the other.

One word before we part, to our friends of the *Christian Examiner*—a most respectable periodical of its kind, well supported by medical as well as by other educated gentlemen. They must be intelligent enough to realize that the breach between the educated professions of medicine and theology is wide enough already, without any effort on the part of either to make the estrangement more complete. Suppose—to illustrate the feelings with which a regular physician may be supposed to cast his eye over the pages now under remark—that an educated clergyman should take up a number of this *Medical Journal*, and find a labored attempt to show, by such plausible pretences and specious assertions, as may easily be applied to any topic whether true or absurd, that the researches of all divines, philologists and scholars, heretofore, have been superseded by the mesmeric revelations of "Andrew Jackson Davis, the Poughkeepsie seer;" that the life-long labors of Channing, Ware, Norton, and all the galaxy of good and great men they have habituated themselves to reverence, as the guides of their lives, have been eclipsed and rendered nugatory, by the discoveries and new interpretations, "right out oft heir own heads," of Ascension Miller, Brother Lamson or Elder Knapp; that the theology of Cambridge, Andover and Princeton is all rank nonsense, since the revelations in Joe Smith's "golden plates of Mormon." He would not more quickly pitch these pages behind his backlog with loathing and disgust, than would the physician, when he sees the sages of his profession, dead and living, *overslaved* and rejected in favor of the poor vagaries of an ignorant German peasant, and the humbugs of Mr. Gully (whose name is of no inapt significancy), or any

other of the more educated, but less sagacious, apostles of this aquatic gospel.

We would venture to remind your theological confrères, Mr. Editor, of the old and homely adage, *ne sutor, &c.* They may take it for granted, that it is neither their "mission" or vocation—still less those of their hydrostatic correspondent, *tantas componere lites*, as must always, it is hoped, exist between the science of medicine, and the humbuggery of panaceas—between the regular physician and the empirical pretender. They should also not forget, that there are various little theological differences still pending, commencing with the relations of Adam's original transgression, and continued uninterruptedly down to Dr. Bushnell's sermon before the divinity class of the University, last Sunday night. Better elaborate and discuss these topics, on which they have some education and knowledge, before proceeding to those in regard to which it is no discredit to any clerical gentleman or schoolmaster to say, that he knows nothing.

When all the controversies of sects are settled, then they will be excusable if they venture on the Quixotic errand, of aiding and relieving the distressed sisters, male and female, who are ever so anxious that people should be born and die in some improved method, which can be learned without toil. Our respectful counsel, then, to our brethren of the Christian Examiner would be, to stick close to their christian labors and investigations, leaving medicine to its legitimate organs, and cold water to the engines, which will no doubt continue a short time longer to pump forth

"Their weak, everlasting, washy flood."

Cold water, hot water, ice water, yea, steam of water, are all very good, useful and comfortable appliances, directed by wise and experienced heads, and assisted by proper therapeutic and dietetic means; but that cold water can be a panacea—a cure-all for all diseases, like Brandreth's pills and Gordak's drops—can only be expected when Yankee ingenuity shall have invented that auger which shall bore a square, a round, or a triangular hole, at will.

In taking our leave of the writer of this "first-rate notice" of one of the many cold-water hotels, with which our vicinity is becoming *inundated*—soon, we doubt not, to be left high and dry, by that tidal reflux incident to shallow flats, and to expose a mass of corruption to the noon-day sun of common sense and judgment—we would commend to his consideration the texts of St. Paul or Solomon (his reading may perhaps recall to him the author and the phraseology), about "being wise in one's own conceit" and attending to one's own business. We hope we have done the honorable profession of the clergy no wrong in presuming the writer to belong to it, or to be a "schoolmaster abroad"—very far off from home indeed. We opine the latter to be his vocation, from the peculiarly self-satisfied, dogmatic air, which men accustomed to throw out their opinions before children, without hazard of reputation, naturally assume. If, on the other hand, he is a clergyman,

it is most probably of some of the new-fangled, transcendental varieties. His hortations about the religious and moral duty of swallowing down this kind of wet-sheet baptism, are announced in that tone of holy snuffing, with which the devout Musselman peddles his wares, in the streets of Constantinople: "In the name of the prophet—*figs!*" His mixture of quackery and cant reminds us strongly of the directions in the envelope of a bottle of "Dr. ———'s acoustic oil for the certain cure of deafness," viz., to use the oil daily, to abstain from labor on the Sabbath, and bathe the privates in cold water! In some of our amphibious prophet's school books, if that be the respectable vocation from which he has stepped aside for less respectable labor, he will find some verses, the hydraulic imagery of which we may commend to his fructification, ending thus—

*"Drink deep, or taste not, the Pierian spring,
For shallow draughts intoxicate the brain,
But drinking largely sobers us again!"*

CHLOROFORM.

BY R. D. MUSSEY, M.D., PROFESSOR OF SURGERY AT CINCINNATI, OHIO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Some time since, I sent you a short communication, expressing a favorable opinion of chloroform as an anæsthetic agent in surgical operations. I now write to say, that a more extended experience with this article has served to confirm the good opinion of it I then entertained.

I have performed *fifty-nine* operations upon patients under its influence, and there has not been a single instance in which it has left unpleasant effects. I still prefer it to ether, on account of the smallness of the quantity required, the greater certainty of its making the requisite impression, the greater expeditiousness of its operation, the less irritation it gives to the glottis, its inferior liability to agitate the voluntary muscles, and the more speedy evanescence of its influence after the patient has ceased to inhale it.

In all the cases the operations have been attended with *very little* or *no pain*; often an entire suspension of consciousness; sometimes a full consciousness of what was going on, without the sensation of pain. Within the present week, I amputated the thigh of a much-valued clergyman for an extensive ulceration of the knee-joint. He was much reduced in flesh and strength, and his nervous sensibility was so great that he contemplated the operation with the deepest horror. He was put under the influence of the chloroform while the limb was removed and the wound dressed. When he awoke and found that the operation was over, he clasped his hands and gave thanks to God for having bestowed a boon of such priceless value upon the suffering family of man.

Yesterday I operated upon a teamster for strangulated hernia. The strangulation had existed forty-eight hours; the tenderness of the abdo-

men, the persevering vomiting of fecal matter, a small and frequent pulse, great restlessness, and prostration consequent upon free bloodletting, the tobacco glyster, and the other means which had been employed for relief before my arrival, offered an uncertain prospect for ultimate success. The chloroform was given, and its influence kept up through the operation. The man appeared to have got into difficulty with his horses, spoke roughly to them, and talked incoherently during the whole time occupied in the operation. After he had roused up a little, I asked him if we had hurt him? he said "no, except a little when you tried to pull me off the potato cart." This morning he was better; slept a good deal through the night, and considerable hope is entertained of his recovery.

In two cases of lithotomy, I have operated while the patients were kept still with the chloroform. Neither of them felt pain. One, a boy of 8 years, the other a boy of 12. The latter, sensitive and obstinate, was brought and confined upon the operating table only by force. When everything was in readiness for giving the chloroform, he requested that I would *not begin to cut till he was asleep*. After he had made a few inspirations, observing his eyelids drooping, I asked him if he were sleepy; he said, *yes, but don't cut till I am asleep*. In a few moments his eyes were closed, and the muscles of his limbs were soft. I then proceeded to the operation, extracted the stone, and was about to untie him, when he opened his eyes, and said, "*doctor, don't begin to cut till I get to sleep*."

When administered to patients in the horizontal position with an empty stomach, and introduced gradually into the lungs, the safety of this agent need not be questioned. There is a dose of arsenic or opium that can kill a patient, and at the same time another dose that is entirely safe; it is so, I believe, with chloroform; and I cannot help regarding it as one of the most important gifts for the relief of human suffering, that a kind Providence has sent us in this or any other age.

Cincinnati, July 5, 1848.

HYDROPHOBIA AND ITS TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Much alarm, not without cause, has for some time existed in the mind of the public, arising from the numerous cases of hydrophobia, and the warnings of the "press" to the various authorities to put in force such measures as would be most likely to protect the citizens from the many dogs running at large. These cases, we have every reason to believe, were caused from the bites of "*mad dogs*." Unfortunately no more is known of the *modus operandi* of the poison inoculated by a rabid dog, than is known regarding the action of the poison from the bite of a rattlesnake, or any other venomous creature; and worse still, their treatment is clouded in the same darkness.

Having had some experience in the treatment of bites from dogs, I

take the liberty, should you deem it of sufficient importance, of offering it to the numerous readers of your periodical.

In South America, where there are almost as many dogs (curs) as human beings, bites from the canine family are frequent, and I am well satisfied *that is not necessary* for the dog to be “mad,” *id est*, under the influence of the disease known as hydrophobia, to inoculate the human system with this most dreadful and fatal of all disorders. In the military and naval hospital (Monte Video)—in which I was an assistant surgeon—several cases occurred, among which, were eleven of the crew of, I think, the “*Independencia*” Brazilian frigate, who were bitten by a large Newfoundland dog, which had been presented to their captain by a British officer. The dog presented *all* the appearances of being under the influence of hydrophobia, and when secured, died in accordance with the symptoms of this disease. The surgeons being ashore, the men were landed and sent up to the hospital. Many things were proposed to be done, as the men would not submit to have the parts cut out. Finally, my propositions prevailed and were adopted. I laid open about a half inch on either side of the bitten spots, so as, in addition, to convert them into *incised* wounds. I then washed them well with warm water and soap, and applied *cupping* glasses, washing the wounds and renewing the glasses every ten minutes, for the period of thirty minutes; which not only drew out considerable quantities of blood, but it also prevented the absorption of the *virus*, and in addition, and which, indeed, I consider of most vital advantage, the cupping glasses inverted or drew the wounds *inside out*, thus exposing the surfaces of the wounds where the teeth of the animal had come in contact or poisoned. I then washed the parts with a strong solution of the *sulphate of copper*. This done, poultices of equal parts of bread and tobacco (Cavendish) were applied, and the patients were kept in a state of nausea by the administration of small doses of tartar emetic, for the first twenty-four hours, and *pil. hyd.* administered until the system was under their influence. No bad effects supervened from the bites—so that many of the *most knowing* of the profession laughed at the idea, and contemptuously said “there was *nothing* the matter with the dog”—they were only frightened. But a few weeks *after*, Captain Englis’s boy, who had got scratched by the teeth of the same animal whilst playing with him, and had neglected having the wound attended to, *died of hydrophobia*.

It is very possible, as some were bitten through their clothing (linen pants) that these may have protected the flesh from being poisoned; but it could not have been so with all, as some were bitten on the naked legs, arms, and one on the nates. The same treatment I believe to be well calculated for the bite of venomous reptiles. A few years since, I presented to the late J. K. Beckman, Esq., a distinguished citizen of this city, a beautiful Scotch terrier. Some time after, whilst on his way from Saratoga, the dog was taken sick—the servant, “*a dog fancier*,” said with genuine hydrophobia. Mr. B. did not cause the dog to be killed, it being a great favorite, but kept it at Albany under the care of the servant. It bit a man, who immediately or soon after plunged a red-hot

nail into the wounds, took an emetic, and physicked himself well. He never, so far as I have learned, experienced the remotest ill effects from the bite. The dog recovered, but died the following summer of *hydrophobia* at Mr. Beckman's country seat, Saratoga, where, *a la Byron's dog*, it lies decently interred.

Many cases of hydrophobia are caused by the simple licking of an excoriated surface, or sore, or "pimple," on the skin, by some favorite *lap* dog, never even suspected of being sick until the patient recollected the circumstance that the dog did not seem well, &c. &c., but which no doubt labored under some disease that vitiated the secretions, and which in the canine race, as also the fox and the wolf, in contradistinction to most other animals, passes them off by the lungs and *salivary glands*, instead, as in other animals, passing them off by the skin, the kidneys, and the intestinal canal. It is evident, too, that hydrophobia is more prevalent among the domesticated or civilized, than it is among the uncivilized portion of these species, cattle seldom or never being affected by it.

My brother was bitten on the nose by a dog, whilst in the attitude of stooping to caress it. The animal was supposed to have been "rabid," and was killed. A lancet was passed through the bitten part on the one side, the other being merely abraded of the cuticle, into the nose, and a stream of soap suds passed through the aperture, and a poultice of common table salt applied. It healed by the first intention, and there it ended.

Bites from dogs are so rare in the practice of the surgeon or physician, that until the fatal disorder makes itself apparent, the only chance they have is to exhibit their total inability to combat so terrible an opponent. The shortest method, however, if the patient have the fortitude, and it is not on an exposed part, so as to disfigure the appearance, is, as with an offending tooth, to have the part taken out.

Very respectfully, A. C. CASTLE, M.D.,
New York, July 7, 1848. Surgeon Dentist.

MEDICINE AND SURGERY IN CINCINNATI.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I promised, in my late communication from Louisville, to send you word what they were doing in Cincinnati, "the queen of the West." Though furnished with meagre *materiel* for the satisfaction of a journalist, I now proceed to redeem that promise. Professor Gross had kindly provided me with letters to Professors Mussey and Drake, and good fortune enabled me to make the acquaintance of other professional men. Professor Mussey has a name co-extensive with our country. An emigrant to the West, many years since, he is now fully identified with the locality of his adoption. I had had the pleasure of seeing him at Jobert's clinique, at the Hopital St. Louis, of Paris, but time and alterations

of my person had erased the event from his memory. The open sesame from Louisville secured the greatest attention, and I was taken to the Hospital and to the College by the kind old man. The first-named building is well constructed in some particulars, and affords considerable advantages for clinical instruction, many acute cases of disease being housed with chronic charity patients, and the surgical wards being well filled. No especially interesting cases presented themselves for observation. I found one of fracture of the thigh bone high up, which was under treatment by a splint on each limb, so as to fix the pelvis perfectly. This plan the doctor has found to answer best. Desault's apparatus was the one used. The pelvis was secured firmly, and counter-extension made, if I am right, by the use of strips of adhesive plaster, forming an equable and admirable gaiter, which descended from the knee over the instep. I was shown a hand, on which the fingers had been released by breaking up long-standing adhesions to the palm; and so perfect was the cutaneous formation, and so watchful the care, that the boy was in almost entire use of the prehensive power. As usual in all hospitals, I saw several cases of diseases of the eye; a number being granular ophthalmia. I cannot imagine how it happens, that where so large a proportion of the poor of every city are subjected to the inflictions of disease of the visual organs—the sense of all others the most important to the acquisition of a living—so few special hospitals for the eye are to be found. It is a practice requiring, more than any other, constant observation to ensure success; and where so few advantages are offered, the patients being distributed in the wards amongst general surgical cases, and unavoidably debarred from special treatment in the regulation of light, &c., I wonder how they fare so well; yet the numerous leucomas, spotted corneas and injected conjunctivas, to be met with in the public conveyances, show the inadequate treatment where such advantages are wanting.

The medical school in Cincinnati numbers some hundred and eighty pupils. The building needs, and will this summer undergo, alterations, better adapting it to the convenience of imparting and receiving instruction. Here I saw numerous specimens of the indefatigable zeal of Professors Mussey and Shotwell; some fine specimens are to be found in the cabinet of osteology. The celebrated example of united fracture of the neck of the thigh bone within the capsule, which was carried over by Prof. M. and exhibited to the savans of Europe, and passed from his hands into mine, is also here. Relative to this, and to numerous other interesting morbid preparations, I need only say, that if the profession generally followed up the cases which they treat, with the same care, which was here evinced, more interesting cabinets would abound in the United States.

Prof. Mussey enjoys life as well as reputation. He resides out of the crowd of the city, and goes in daily to his patients, leaving his son to answer the demands for service made during his absence. He thinks, justly, that the public have no right, because Providence has endowed him with power to relieve their sufferings, to make him their slave.

On the subject of the operation for stone, I found his mind fully made up that the bi-lateral operation was the safest, and easiest, if not the speediest; and he thinks, as Dr. Allen, of Middlebury, thought, that "a thing well done, is quick done." On this plan he had cut some fifteen times, and always with satisfaction. His enthusiasm on the subject of chloroform is unusual in so veteran a practitioner; but it has been my fortune to meet with few surgeons, who possess more inquisitiveness of the proper and scientific character, more of the acuteness of perception necessary to discover merit in new things, more soundness of judgment in adapting discoveries to practice, than the venerable and active Professor of Surgery in the Medical School of Ohio at Cincinnati.

Professor Drake belongs to the Louisville school, but resides here during the suspension of the lectures in that institution. My impressions of the man were at once reverential, and my intercourse productive of the most profound respect for his capacity. Consultative practice constitutes his active engagements in the profession, out of the closet. He has the reputation of being one of the most untiring students and laborious annotators of disease in the country. His works on the diseases of the Ohio and Mississippi valleys, so long promised and so anxiously expected, will, it is anticipated, furnish most valuable and authentic information for the student, of the numerous and difficult fevers which scourge that section of our country. Relative to its appearance, I cannot speak positively; and must even admit, that the medical men of the city despair of its speedy completion.

Cincinnati presents great advantages, in its thickly-settled and thriving population, for medical education, and is prophesied to out-strip all its western rivals. On that prophecy, "*nous verrons.*"

Ever your ob't serv't,

July 8th, 1848.

CLENDINEN.

PRESENT CONDITION OF HYDROPATHY AND HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Among your readers there must be a number who wish to be frequently informed of the present condition and progress of two such respectable *cousins* to our profession as hydropathy and homœopathy. We all love to be accounted sagacious, clear-headed, wise. And who can project the number of years which these systems shall have dominion in these United States? Thomsonism, after enchaining multitudes for many years, and, as usual, doing its utmost to cast reproach on the regular practice, has clearly gone by. It is past resuscitation. Homœopathy is yet vigorous and verdant in New York and Brooklyn, and possibly in your city. As all its defects are sins of omission, and it never injures by violence, its decline must of course be slow and silent. But the community *will* consider and at length learn the truth. So of hydropathy. It is doing good, but what is to be its continuance and future

power? The *operose*, self-denying and long protracted, and even endless observance of the processes, will not fail to come into any man's estimate of its probable continuance.

But if any one desires to make a sober and just estimate of both these systems of practice, he can be exactly accommodated by a little twenty-five cent brochure, written by a gentleman in England, Edwin Lee, Esq., reprinted by Long & Brother, New York, from the *third* London edition. This gentleman published, a few years since, a handsome duodecimo on the mineral springs of the Continent, an excellent and reliable book, and has thus become deeply interested in the various modes of removing chronic diseases. This has led him to constant vigilance in observing the progression of the various new modes of treatment; and this little volume is a very interesting and candid result, now thrown before the public. The eagerness with which our employers are *gaping* after some new and wonderful method of escaping disease will, I strongly hope and entreat, cause many of my brethren to provide themselves at once with the work in question.

A CONSTANT READER.

CONTRIBUTIONS IN PHYSIOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

DR. SMITH will oblige Dr. Paine, if, at some convenient opportunity, he will publish the following remarks, as supplementary to what Dr. P. has set forth in certain sections of the "*Institutes of Medicine.*"

New York, June 12, 1848.

CIRCULATION. *Note to* § 277 ; 289 ; 293 ; 377 ; 394 ; 409, *g* ; 411. Having submitted to the reader, in the foregoing and other sections, such evidences of a physiological nature as appeared to me sufficiently conclusive against the supposed dependence of capillary circulation and absorption upon what is denominated capillary attraction, or upon any force in physics or chemistry, I did not think it necessary to derive any corroborating proof from the premises of the physical philosophers of life. But it may be well enough to offer one, which, I doubt not, will be allowed to be incontrovertible.

When fluids circulate in virtue of capillary attraction, their movement goes on uninterruptedly, so long as the supply continues, and the capillaries remain unobstructed. But how is it with the circulation of sap? Does it not observe a periodical increase, and often to an amazing extent, and then gradually decline as the plant approaches the consummation of its great final cause in the production of seeds, and a yet further decrease till the plant goes into almost complete repose? What arrests the process of absorption, if it be, as commonly affirmed, "like that of a lamp-wick?" And are not absorption and circulation, after their suspension for months, again suddenly started into vigorous action, and with the same ultimate reference to the re-production of seeds, while they fulfil, on the way, a multitude of wonderful and harmonious designs,

which conspire together in the general objects of life, and in the great final design of providing for the perpetuation and multiplication of the species? What will you surmise as to any periodical contingencies in physics, applicable to the whole vegetable kingdom, in all climates of the globe, that shall rescue the hypothesis of capillary attraction from the imputations to which it must be otherwise consigned? Even the elevation of temperature which may sometimes add to the phenomenon of capillary attraction, condemns the hypothesis as applied to living beings, since, as summer advances, absorption and circulation decline, and go on declining during the gradual transition from summer to winter; nor are these alternations wanting in the most equable, or in the most torrid climates. And where in physics can be found a solution of the problem presented by the diurnal vicissitudes in the effects of heat, as a vital stimulus, upon the absorption and circulation of plants during the vernal season, in temperate and more northern climates? The maple, or the vine, which oozes its gallons to-day, may refuse a drop to-morrow.

If the several demonstrations now made be allowed to overthrow the physical rationale of capillary attraction as applied to plants, it must be equally conclusive as to animals; while it establishes the dependence of all the products of organization upon purely vital grounds.

THE UNITED ACTION OF THE SOUL, THE PRINCIPLE OF INSTINCT, AND THE BRAIN.—HYPOTHESIS OF INTELLECTION BY COMBUSTION.—
Note to § 175, c; 241; 349, e; 500, n. Those physical theorists of intellection, who are either disinclined to abandon the spiritual part of man, or see in the pure doctrine of materialism an obstacle to their innovations upon philosophy or Revelation, introduce an unnecessary multiplication of causes to explain the phenomena of reason and of instinct; while these same reasoners will allow that the first step in philosophy is to reject all causes which are unnecessary to account for any given phenomenon. They do not, like Liebig, and his numerous disciples, adhere to the acknowledged rule, and reject the soul, but they adopt his hypothesis of the dependence of thought upon chemical changes in the elementary composition of the brain, and give us the *placebo*, that there is also a soul which takes its share in the intellectual work of cerebral decomposition, or, in the peculiar language of the laboratory, “combustion of the brain.” But the chemist does not intimate what share is allotted to the soul, or how it co-operates with the chemical process, though this is just as demonstrable as the combustion itself, upon which his whole force is expended.

No one is more fully persuaded than myself of the mutual co-operation of the soul and the brain in all acts of intellection. But herein the brain acts as a living organ; and so far as the chemist may form his conclusions from analogies supplied by other organs, he may not assume the chemical decomposition of the brain to carry out the supposed physical product of thought. He must, at least, be consistent with his analogy, and suppose that thought is, like bile, &c., elaborated from the blood. But this supposition I have refuted in the Institutes, both as it

respects the chemical and the vital premises; § 175, c. At another time I will briefly continue this subject, for the purpose of showing that mind is a perfectly distinct essence.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 26, 1848.

Trial of a Physician for Assault and Battery.—A trial of a novel character has lately taken place in New Hampshire, in which a respectable physician was the defendant. Trials of medical men for *mal-practice* have not been very uncommon, and have afforded opportunities for unprincipled individuals to attempt to obtain money from those who had used their time and best skill for the relief of the afflicted. The case alluded to is a new mode of harassing the profession; and, it would seem, with not exactly the same object in view—as criminal punishment, instead of pecuniary damages, was the penalty anticipated. The complaint was made by L. C. Delaware and his wife, of South Hampton, N. H., against Dr. J. B. Gale, of Salisbury Mills, Mass.—the charge against the latter being for an assault and battery upon Mrs. D. in March, 1847, upon the occasion of her confinement with her first child. It would seem that this worthy couple, since the alleged assault more than a year ago, have, through the means of certain books which have been freely circulated respecting the impropriety of employing male accoucheurs in midwifery cases, or by some other means, become fully convinced of the alleged gross indelicacy of such a practice, and for the purpose of showing their abhorrence of it, and to prevent as far as possible its repetition, the present complaint was made. How far they were justified, by the circumstances of the case, in adopting such a course, the evidence given on the trial will show. The following is the testimony of Mrs. D. herself, while that of Mrs. Woodman, an intelligent woman who was present, did not differ much from it.

“Dr. J. B. Gale, on the morning of the 5th of March, 1847, called to see me, agreeably to my request, which was conveyed to him by my husband. I was sick at that time, and expected to be delivered of a child. Dr. Gale came into my room about 5 o'clock and staid till 9, when I was delivered of a child, my first born. My mother and Mrs. Woodman were in the room when the doctor came, and remained there until the child was born. He had been in the room about fifteen minutes, when he came to where I was lying upon the bed, and after remarking—‘Sister, you are doing well—don’t be scared,’ he commenced making an assault upon me by placing his hand upon my person. I had labor pains occasionally, and at intervals of a quarter and a half hour, he renewed his assaults, by placing his hand upon my person. At these different times, I told the doctor to let me alone, and to go away, but he did not. I also asked for my husband: but the doctor replied, “Umph! you do not need your husband.” The doctor did not ask my consent to make an examination. I think he increased my pains at each examination he made. I lay upon my left side—the doctor came up and made his examinations until my child was born, which was at 9 o'clock.

"On the cross-examination, the evidence of Mrs. D. did not vary materially from that of the examination in chief—and was as follows:—While lying upon the bed, my person was not exposed, to my knowledge—the doctor remained at my side five or ten minutes at a time—he assisted at the birth of the child. I did not think it was right *that the doctor should handle me*—and told my husband so. This affair happened sixteen months since, and the reason I had not complained of the doctor before, was because I *wanted time to think of it!* The doctor visited me twice afterwards, and promised to call again, but did not."

Several physicians were called for the defence, who testified that the conduct of Dr. G., as stated by these witnesses, was not different from the usual practice on such occasions. After the address of the counsel for the government, Justice Currier, before whom the case was tried, briefly reviewed the evidence, and after remarking that there appeared to be no cause for the complaint, that Dr. Gale, in doing his duty, had committed no offence whatever, ordered him to be discharged.

The friends of this species of reform will see that this mode of conducting it is not likely to succeed, and we may therefore hardly expect a repetition of the attempt.

Diseases of Children.—Messrs. Lindsay & Blakiston have brought out the third volume of the Medical Practitioner's and Student's Library, which is a work of real utility, and by no means of a common-place character. It is a practical treatise on the diseases of children, and a good work on this subject physicians well know how to appreciate, since the treatment of these diseases is decidedly the most difficult labor in the range of professional duties. Common observation has established the fact, that those who are particularly successful in prescribing for children, take the first position in the community as skilful and discreet medical advisers in general. J. Forsyth Meigs, M.D., is the author of the book to which these observations refer. No one presumes to suppose that originality, in this age of science, can be claimed by any one writing on human diseases; but it is expected, that an intelligent writer and observer of nature should be both suggestive and a recorder of facts. Upon the last, unconnected with theories and unbiassed by imagination, rest all that is truly meritorious or practically useful in any treatise on medicine. Dr. Meigs acknowledges his indebtedness to the writers who have preceded him in this department of science. Having gleaned the wheat from the tares in each, and added his own researches, we have reason for believing his Practical Treatise on the Diseases of Children is unsurpassed.

One of its essential recommendations is, it is not necessary to ramble through a forest of propositions to find the thing sought; the definition, for example, synonymes, causes, nature of the disease, symptoms, diagnosis, prognosis and treatment, follow each other in an orderly manner, so that there is no confusion in the general arrangement, and therefore none likely to be engendered in the mind of the reader. For students, we cannot divest ourselves of the idea, that this work is precisely what they need.

Increase of Dentists.—When there were but two or three dentists in the city of Boston, it was a question how they could support themselves. Now there are seventy dental practitioners, and it is said they are all well sus-

tained. It is true that the reputation of some of the older ones may secure them a very large share of patronage, while the juniors have small, but always comfortable fees, with fair prospects of an increasing business. To the multiplication of railroad facilities, is the prosperity of this useful department, in some degree, due in this city; and it is by no means improbable, that the profession will number two hundred in their ranks in less than twenty years.

American Medical Journals.—The New Orleans Medical and Surgical Journal has just commenced its fifth volume. Drs. Carpenter and Fenner, two of its editors, have in a friendly manner withdrawn from it, and Drs. Harrison and Hester remain with the editorial charge.

Volume 8 of the Western Lancet is commenced with the July number. This work is now published at Cincinnati, and is edited by Drs. L. M. Lawson and J. P. Harrison.

The Buffalo Medical Journal, under the management of Dr. Austin Flint, began its fourth volume in June. It is printed on new type and good paper, making a handsome appearance, and is well conducted.

The North-Western Medical and Surgical Journal, edited by Drs. Herick and Evans, Professors in Rush Medical College, Chicago, has recently been enlarged, and is now published in Chicago (Ill.) and Indianapolis (Indiana).

The title of the late Southern Journal of Medicine and Pharmacy has been changed to "The Charleston Medical Journal and Review." It is published in Charleston, S. C., and is ably conducted by Drs. Gaillard and De Saussure, of that city.

No important changes, we believe, have taken place in the other Journals of Medicine in the United States. A gradual improvement is perceptible in them all, and we should be pleased, if the crowded state of our own pages did not forbid, to copy more frequently from them.

An Ancient Medical Work.—A writer in the Knickerbocker gives an account of a large quarto volume in manuscript, lately belonging to Gov. Seward, of New York, with the following title—*The whole Medicinall and Chymicall Works of Petrus Poterius, of Anjou, Counsellor and Physician of the most Christian King.* The cure of many distressing maladies, by the use of the said "Petrus Poterius, his medicaments, tymously applied," is related in this book; among others, of an "Admirable Vehement kind of Disease, not heard of before, and of a notable Malignancy, vexing the patient above nine moneths beyond strength, and accounted incurable;" and "of a greate Bounche on the back of an Olde Woman together with Paines thereof taken away," &c. &c.

Water-Cure Establishments.—A correspondent, residing in a town, in a neighboring State, where one of these establishments has been in successful operation, writes as follows respecting it. "You may have looked for some communication from me, relative to the (falsely so-called) *Water-Cure Establishment* in this place. I think, Sir, it is in a rapid decline. Not one quarter the number of patients it had last season are here at this time. Our village possesses too much intelligence for cold-water doctors.

Point me to a place where this species of quackery is patronized by its inhabitants, and I will show you a community too ignorant to appreciate science. The water cure is writing out its own history, which will soon be finished; and which, when correctly analyzed, will be found to be nothing more than a stupid indifference to truth!—an ignorant plunge bath, for a duped community!"

Honorary Members of the New York State Medical Society.—At the last meeting of this Society, the following gentlemen were elected honorary members—Drs. Woodbridge Strong of Boston, Frederick May of Washington city. Dr. Strong is the author of the article on the treatment of typhus fever, of which we gave some account in a recent number of this Journal. We trust the honor now conferred on him may lead him to think more favorably of his professional brethren. Our readers may recollect that in the article referred to he characterized them as *second-rate nurses*.—*Buffalo Med. Journal*.

Code of Ethics of the American Medical Association.—The committee of reception and arrangement of the Philadelphia delegation to the National Medical Convention, which assembled in Philadelphia in 1847, having a sum left, after paying the expenses of the Convention, have appropriated it to the publication of the Code of Ethics of the American Medical Association. The printers, Messrs. T. K. & P. G. Collins, at the suggestion of the committee, have kept the type standing, and will furnish societies with copies at the rate of \$2 50 per one hundred copies.—*Philad. Med. News*.

TO CORRESPONDENTS, &c.—Dr. R.'s case of Imperfect Gestation has been received.

A Supplement accompanies this number of the Journal. A similar one will probably be issued for some weeks to come, to make room for the advertisements which have been gradually encroaching upon the body of the Journal, and which at this season are more particularly urgent for larger space. Although containing only advertisements, readers are advised to secure each supplement, as it arrives, to its appropriate number. A permanent enlargement of the Journal, at no distant period, is contemplated, for the better accommodation of numerous correspondents as well as advertisers.

ERRATUM.—On page 422, the heading to two of the columns, at the end of Dr. North's article, should be "Lædientia" instead of "Sedentia."

MARRIED.—Dr. Edward Simpson, of New York, to Miss S. T. Richardson.—At Woodstock, Vt., Edward H. Williams, M.D., of Proctorsville, to Miss C. B. Pratt.—At Hartford, Conn., Dr. H. K. Root to Miss C. Pettibone.—At Meriden, Conn., Dr. David L. Feeler to Miss M. Raynsford.—At Cortlandville, N. Y., Azariah Smith, M.D., to Miss C. S. Elder.

DIED.—In Boston, Amos Bancroft, M.D., of Groton, Mass., whose death was caused by being injured in the street, with a waggon, 77. He was an eminent and venerable practitioner of medicine.

Report of Deaths in Boston—for the week ending July 22d, 71—Males, 33—females, 38.—Stillborn, 4. Of consumption, 7—disease of the bowels, 15—dysentery, 3—cholera morbus, 1—diarrhoea, 2—cholera infantum, 5—marasmus, 2—accidental, 3—infantile, 3—convulsions, 6—dropsy, 2—canker, 2—murdered, 1—palsy, 1—child-bed, 1—erysipelas, 1—rheumatism, 1—abscess, 1—disease of the spine, 1—disease of the heart, 1—scarlet fever, 1—lung fever, 1—bilious fever, 1—disease of the liver, 1—teething, 1—old age, 1—hooping cough, 1—drowned, 1—disease of the brain, 2—smallpox, 1—drinking ice water, 1.

Under 5 years, 31—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 9—over 60 years, 5.

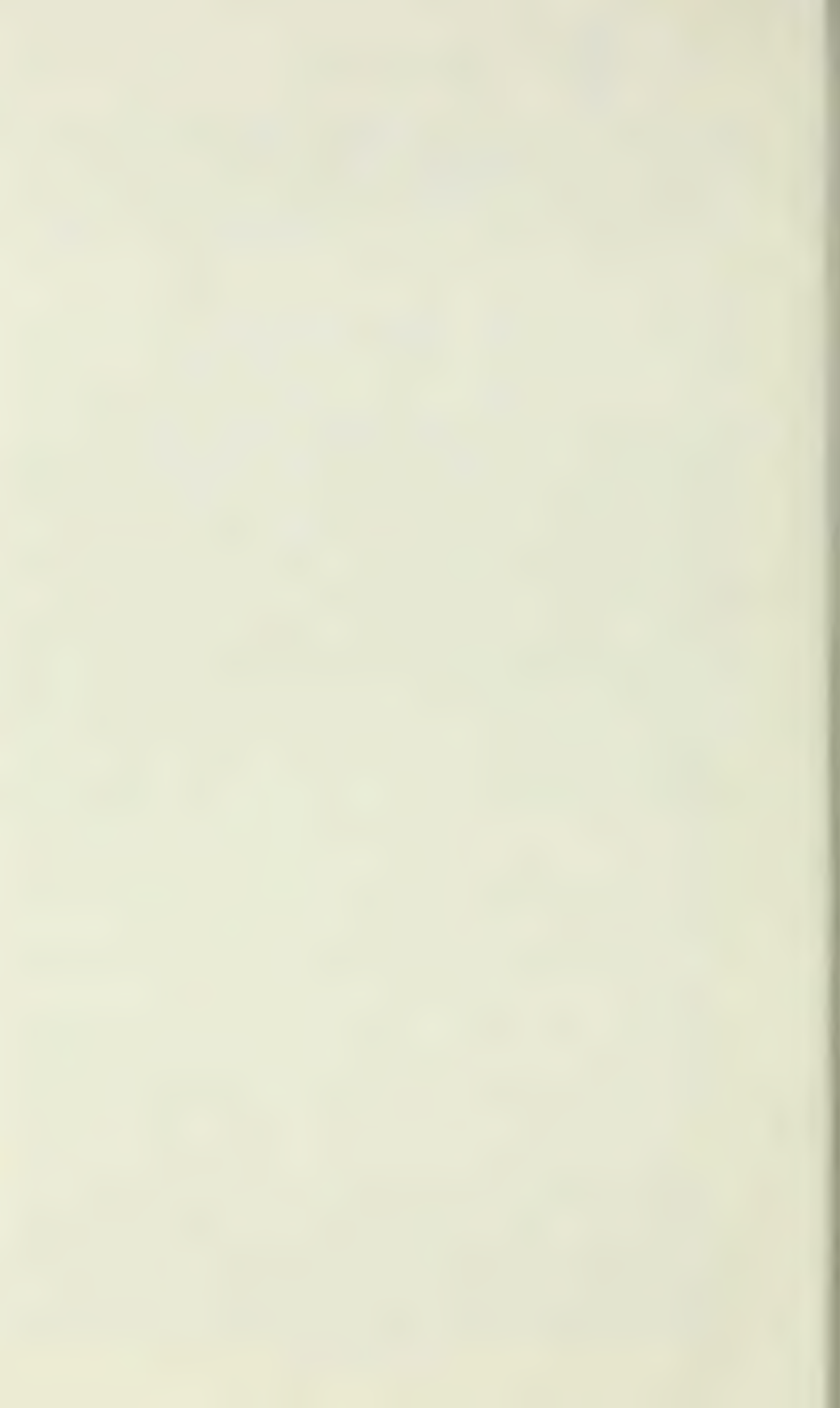


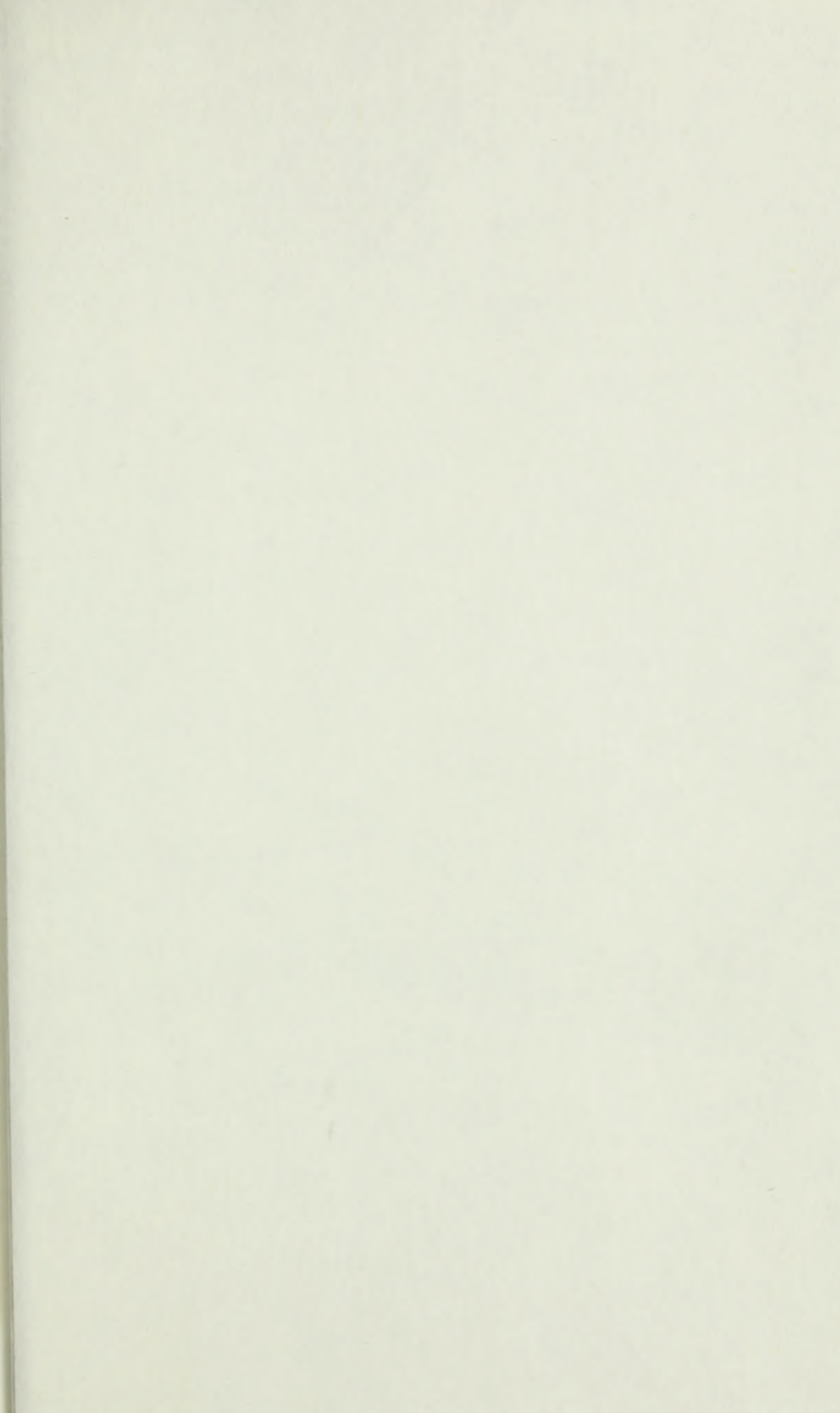
Medical Miscellany.—Cholera is producing uncommon alarm in Russia, from the fact that the desolation by it, on reaching the cities, is far greater than it has heretofore been.—The circular of the Baltimore Dental College, for the coming lecture term, holds out excellent prospects for students.—Mr. L. N. Fowler's Phrenological and Physiological Almanac, for 1849, is already on sale, abounding in curious and instructive facts.

Deterioration of the Population in France.—We extract from a letter in *L'Union Médicale* the following passage:—"All the writers on political economy and agriculture, who have published statistics, agree in thinking that the population of France is daily losing bodily vigor. If you inquire in the manufacturing districts, you will be told by the owners of factories and works of all kinds, that the French workmen cannot do near so much work as the English or Americans. People connected with the recruiting of the army will also distinctly state that at no period were there so many men unfit for service as at the present time. Does the cause of all this lie in the bad or insufficient food which these people use? Double and treble the number of hospitals and charities will not be efficient for improving such a state of things; they are mere palliatives. In the country they feed principally upon rye bread, buck-wheat cakes, dry or fresh vegetables, dressed with a little grease or cheese,—rarely meat, and this always in very small quantity. It has been calculated that, in the metropolis itself, every individual spends, on an average, only about £2 10s. sterling a year for animal food, and, deducting the bones, the actual weight of the meat will be four ounces per diem. It need hardly be added that, according to this calculation, there must be, for every individual who eats half a pound of meat daily, another who gets none at all. By applying this average to the population of Paris, it will be found that there are, daily, 500,000 persons who consume their half pound of animal food, whilst half a million do not taste any."—*London Lancet*.

Sale of Horse-Flesh.—Since the siege of Copenhagen, in 1807, horse-flesh has regularly been sold by the butchers in that capital for general consumption. The only formality required is, that a horse, before it is killed, should be examined by a veterinary surgeon, and marked on each hoof. There are even shambles especially licensed, where nothing but horse-flesh is sold. The establishment is placed under the immediate superintendence of the Veterinary College. In Belgium, the horse-flesh obtained from Meulenbeck-Saint-Jean, where a large number of horses are killed, is publicly sold, and when it gets stale it is used for sausages. We are afraid that the British poor consume unconsciously a good deal of the same article.—*Ib.*

Treatment of Nævus.—Dr. Cordier, in a paper addressed to the Academy of Sciences, states, that in order to destroy or modify nævi materni, he introduces white lead under the skin by means of needles. This operation is soon followed by a little inflammation, phlyctenæ, and slight eschars. When the latter fall, the coloring matter employed (the white lead), which is very analogous to the color of the parts around, takes the place of the nævus and remains indelibly. (We suspect that this is rather far-fetched, and would hardly bear the test of practice.)—*Ib.*





RARE

PER

